

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47143 (5)
1. Corporation Name
LAKE YALE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

37802-121 C.R. 452
LAKE YALE ESTATES
LEESBURG FL 34788
US

37802-121 C.R. 452
LEESBURG FL 34788
US

3. Date Incorporated or Qualified
02/07/1992

3a. Date of Last Report
04/20/1995

2. Principal Place of Business
21 **37802-84-CR 452**
Suite, Apt. #, etc.

2a. Mailing Address
26 **37802-84-CR 452**
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

22 **LAKE YALE ESTATES**
City & State

27 **LEESBURG, FLA**
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **LEESBURG, FL.**
Zip Country

28 **LEESBURG, FLA**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **34788** 25 **US**

29 **34788** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, EDWARD T
37802-121 C.R. 452
LEESBURG FL 34788

81 Name **MARCIA HARVEY**
82 Street Address (P.O. Box Number is Not Acceptable)
37802-84-CR 452
83
84 City **LEESBURG, FL.** FL 85 Zip Code **34788**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *x Camille J. Kane T*
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

2-9-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, MARCIA	
STREET ADDRESS	37802 - 84 CR 452	
CITY-ST-ZIP	LEESBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, BOYCE	
STREET ADDRESS	37802 - 125 CR 452	
CITY-ST-ZIP	LEESBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERWIG, SHIRLEY	
STREET ADDRESS	37802-88 CR452	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEBOER, JACQUELINE	
STREET ADDRESS	37802-123 CR452	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, EDWARD T	
STREET ADDRESS	37802 121 CR 452	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GHIOTO, JOSEPH	
STREET ADDRESS	37802 35 CR 452	
CITY-ST-ZIP	LEESBURG FL	

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAMILLE J. KANE	
1.3 STREET ADDRESS	37802-85-CR 452	
1.4 CITY-ST-ZIP	LEESBURG, FL. 34788	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD STOEHR	
2.3 STREET ADDRESS	37802-34-CR 452	
2.4 CITY-ST-ZIP	LEESBURG, FL. 34788	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	no change	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	no change	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PS MARCIA HARVEY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	37802-84-CR 452	
5.3 STREET ADDRESS	LEESBURG, FL. 34788	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BOYCE PRICE	
6.3 STREET ADDRESS	37802-125-CR 452	
6.4 CITY-ST-ZIP	LEESBURG, FL. 34788	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x Camille J. Kane* **CAMILLE J. KANE** **2-9-96** **357-8973**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)