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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90084 050 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47143**

1. Corporation Name

**LAKE YALE ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

L.Y.E.H. ASSOCIATION  
38141 MAYWOOD BAY DRIVE  
LEESBURG FL 34788  
US

Mailing Address

L.Y.E.H. ASSOCIATION  
38141 MAYWOOD BAY DRIVE  
LEESBURG FL 34788  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/07/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JONES, GEORGE  
38100 MAYWOOD BAY DR.  
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name LAY, BOB  
82 Street Address (P.O. Box Number is Not Acceptable)  
11804 SUSSEX HILL WAY  
83 LEESBURG, FL.  
84 City 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

*Bob Lay* *Bob Lay*

2-17-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KANE, CAMILLE J.	
STREET ADDRESS	37907 MAYWOOD BAY DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIFERT, JOHN	
STREET ADDRESS	11908 SUSSEX HILL WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERWIG, SHIRLEY	
STREET ADDRESS	11843 METCALF WAY	
CITY-ST-ZIP	LEESBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JONES, GEORGE	
STREET ADDRESS	38100 MAYWOOD BAY DR	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVEY, GEORGE	
STREET ADDRESS	38130 MAYWOOD BAY DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARADY, RUSSEL	
STREET ADDRESS	11830 SUSSEX HILL WAY	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	LAY, BOB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	11804 SUSSEX HILL WAY	
1.4 CITY-ST-ZIP	LEESBURG, FL 34788	
2.1 TITLE	DE BOER, JACQUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	38118 MAYWOOD BAY DR.	
2.4 CITY-ST-ZIP	LEESBURG, FL 34788	
3.1 TITLE	ELLIS, DAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	11915 SALINA WAY	
3.4 CITY-ST-ZIP	LEESBURG, FL 34788	
4.1 TITLE	ROBERTS, LUCINDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	11910 SALINA WAY	
4.4 CITY-ST-ZIP	LEESBURG, FL # 34788	
5.1 TITLE	SAGER, NORMA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	11816 SUSSEX HILL WAY	
5.4 CITY-ST-ZIP	LEESBURG, FL 34788	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Bob Lay* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99 (352) 357-7950

Date

Daytime Phone #

CR2E037 (11/98)