## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1002

## **FILED** Apr 01 1998 8:00am Secretary of State

L <u> </u>	1990				<del>_</del>		
DOCUMENT # N47608							
1. Corporal	ion Name Lake Villas of	14 1 1 1	ı				
74	LARL VILLA	we alemos a					
₽+	Bonisa BAZ ZZZ.	inc.					
		<del></del>			_		
Principal Pla	ice of Business	Mailing Address			,]		
		The Lake Vill			3. Date Incorporated or Qualified		
		At Bonita Bay	24,	lno.	April 27, 1993		
	7.0. Bix 1987				4. FEI Number	A	oplied For
		Bonim Spring	L. B.	Y/3 3	65-0394809		lot Applicable
	Place of Business To Bonim By Blut-	28. Mailing Address 26. P.O. Box	198	7	5. Certificate of Status Desired	•	Additional Required
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be		
22		27			Trust Fund Contribution .	Added t	to Fees
City & Sta				<i>=</i> 1	7. Is this nonprofit corporation a homeowners association?		
	Spring L. FL. 28 Bonith Sprin				Yes No		
ر 4 کی المحاد این 4 کی المحاد	(34 25 USA 29 34/3		Cour	. 5 p7.	8. This corporation owes or has paid the current year Intangit Personal Property Tax due June 30. Yes No		<b>→</b> *
24 347	9. Name and Address of Current	<u></u>	1301		10. Name and Address of New Registered		<u> </u>
		· · · · · · · · · · · · · · · · · · ·	<del></del>	81 Name	Haine and madicas of Herr Hagistales	symit	
Iserman, Clayton							
4207	7 Uta Court.		ا '	82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
	ro. FL. 33928		1	B3			
						Teel =	<u> </u>
			'	B4 City	F	<b>85</b> Zip	Code
11. Pursuant	t to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the abo	ove-named corp	poration submits this statement for the purpose	of changing i	ts registered
agent. I	am familiar with, and accept the objiga	tions of, Section 617.0503, Fit	orida Statu	tes.	lion's board of directors. I hereby accept the ap	pointinent as	registered
SIGNATURE	Can de	ena			3-20	-94	
_ <del>_</del>	Signature: typed or pented forms of a gistered agen	·	E Registered .	Agent signature requir	red when reinstating) DATE		
12. 1)TLE				<del>- 1</del>	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	HS IN 12 Addition
NAME			1.1 T(T) 1.2 NAN	1		U Change	La Adol(lish
STREET ADDRESS	Brott Peter 26881 Wedgewood a. A 204			EET ADDRESS			
CITY-ST-ZIP	Bonits Spages FL. 3	34) 34	- 6	r-ST-ZIP			· .
TITLE	P/UP	□ DELETE	2 1 1111			Change	Addition
NAME			2.2 NAN	ì			
STREET ADDRESS	Dennehr, William 26851 Wedgewood I	7n. ₩20 €		EET ADORESS			
CITY-ST-ZIP	Banine Sanine 126	. 34124		Y-ST-ZIP			
TITLE	Banine Spring, 12L	DCLETE	3 1 1111		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	Leider Marcha		3.2 NAV	1E {			
STREET ADDRESS	26876 Welyewy & Dr	4103	3 3 STRI	EE1 ADDRESS		•	
CITY - S1 - ZIP	Bouten Spring, FL.		3.4 CITY	Y - \$1 - ZIP			
TITLE	D/ Treame	☐ DELETE	4 1 TITU	E		☐ Change	Addition
NAME	Webster, Lan	pl	4 2 NAM	AE ]			
STREET ADDRESS	26891 Wedgewood Dr.		4 3 STRE	EFT ADDRESS			
CITY - S1 - ZIP	Bonith Spring, FL			- ST - 71P			· <del></del>
TITLE	D.	☐ DELETE	5 1 TITLE		<b>.</b>	☐ Change	☐ Addition
NAME	BANKER, AL.	## ·	5.2 NAM	1	AL.	111.	
STREET ADDRESS	26881 Wednewood Dr. Bonin Spring FL.	~/6 <b>3</b> • • • • • • • • • • • • • • • • • • •		ET ADDRESS	<b>%</b> 9)	4//	1
CITY - ST - 7IP	Bout m Spring FG.	34184	_	- ST - ZIP	— <del></del>	444	1 1 1 1 1 1 1 1 1
TITLE	1	☐ DELETE	61 TITLS		-04/01/9801022-		☐ Addition
NAME CIRCET ADDRESS			62 NAM	1	***61.25	e = '	
STREET ADDRESS			•	ET ADDRESS	– · • • •		ì
CITY-ST-ZIP	1	h this filing does not qualify fo	6.4 CITY		Section 119 07(3)(i) Florida Statutes I further of	ortifu that the	intermation

represely certify that the information supplied with this liling 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 suppliemental annual report is frue 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 change due to a supplied with an address.