FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47748** **(1)**

1. Corporation Name

LAKE LOUISA & LAKE NELLIE OAKS HOMEOWNERS' ASSN. , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 120561 CLERMONT FL 34712	P.O. BOX 120561 CLERMONT FL 34712

3. Date Incorporated or Qualified: **03/09/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3122921** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAMBOZ, SYLVIA C
9012 MOSSY OAK LN.
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sylvia C. Ramboz 4/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ELLIS, RICH B	1.2 NAME		
STREET ADDRESS	9007 MOSSY OAK LN.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	KOTCH, PENNY	2.2 NAME		
STREET ADDRESS	11634 NELLIE OAKS BEND	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	RAMBOZ, SYLVIA C	3.2 NAME		
STREET ADDRESS	9012 MOSSY OAK LN.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	CAROLE JUDY/DIRECTOR	☑ Change ☐ Addition
NAME	HUBBARD, TONY	4.2 NAME		
STREET ADDRESS	11449 NELLIE OAKS BENDS	4.3 STREET ADDRESS	9006 MOSSY OAK LANE	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	5.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	MODICA, JIM	5.2 NAME	RICK FORD	
STREET ADDRESS	310 ALMOND ST.	5.3 STREET ADDRESS	11541 NELLIE OAKS BEND	
CITY-ST-ZIP	CLERMONT FL	5.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LEE, CURTIS	6.2 NAME		
STREET ADDRESS	9018 MOSSY OAK LN.	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL	6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Sylvia C. Ramboz SYLVIA C. RAMBOZ 4/26/95 (904) 242-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000N47