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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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

1. Corporation Name

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

Principal Place of Business	Mailing Address
P.O. BOX 120561 CLERMONT FL 34712	P.O. BOX 120561 CLERMONT FL 34712-0561

3. Date Incorporated or Qualified: **03/09/1992**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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

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 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: _____ (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	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	ELLIS, RICH B		1.2 NAME	11541 NELLIE OAKS BEND
STREET ADDRESS	9007 MOSSY OAK LN.		1.3 STREET ADDRESS	RICK FORD
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	V	☐ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	KOTCH, PENNY		2.2 NAME	DAVID IRVIN
STREET ADDRESS	11634 NELLIE OAKS BEND		2.3 STREET ADDRESS	9103 MOSSY OAK LANE
CITY-ST-ZIP	CLERMONT FL		2.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	ST	☐ DELETE	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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAROLE, JUDY		4.2 NAME	
STREET ADDRESS	9006 MOSSY OAK LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	ORANG LAKE ☒ Change ☐ Addition
NAME	FORD, RICK		5.2 NAME	11503 NELLIE OAKS BEND
STREET ADDRESS	11541 NELLIE OAKS BEND		5.3 STREET ADDRESS	CLERMONT, FL 34711
CITY-ST-ZIP	CLERMONT FL		5.4 CITY-ST-ZIP	D
TITLE	D	☐ DELETE	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	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Sylvia C. Ramboz SYLVIA C. RAMBOZ 3/24/97 352-242-0366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069636