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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N47748**

1. Corporation Name

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

Principal Place of Business	Mailing Address
P.O. BOX 20561 CLERMONT FL 34712	P.O. BOX 120561 CLERMONT FL 34712

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/09/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3122921 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MOSELY, SHERI A
11819 OSWALT RD
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name: SHERI A. MOSELY
82 Street Address (P.O. Box Number is Not Acceptable): 11819 OSWALT RD
83
84 City: CLERMONT FL 85 Zip Code: 34711

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: Sheri A. Mosely, Secretary/Treasurer — DATE: 4-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOUDY, JAN		1.2 NAME		
STREET ADDRESS	9045 MOSSY OAK LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	SWANSON, GLENN		2.2 NAME	BROST, JOHN	
STREET ADDRESS	11651 NELLIE OAKS BEND		2.3 STREET ADDRESS	9007 MOSSY OAK LANE	
CITY-ST-ZIP	CLERMONT FL 34711		2.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	ST	☒ DELETE	3.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
NAME	MOSELY, SHERI		3.2 NAME	HEFFRON, NORMA	
STREET ADDRESS	11819 OSWALT RD		3.3 STREET ADDRESS	9035 MOSSY OAK LANE	
CITY-ST-ZIP	CLERMONT FL 34711		3.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NEWTON, MELINDA		4.2 NAME		
STREET ADDRESS	9145 MOSSY OAK LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LAKE, CRAIG		5.2 NAME	CLARK, SCOTT	
STREET ADDRESS	11503 NELLIE OAKS BEND		5.3 STREET ADDRESS	11520 NELLIE OAKS BEND	
CITY-ST-ZIP	CLERMONT FL		5.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WIEDEMAN, JIM		6.2 NAME		
STREET ADDRESS	9030 MOSSY OAK LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Sheri A. Mosely SHERI A. MOSELY 4-22-99 352 242 0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #