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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N49245

(6)

LAKE ELLA MANOR HOMEOWNERS ASSOCIATION, INC.

		:HS ASSOCIATION, INC	•					
Principal Place of Business Mailing Address						1 100(1101 OCT OTDIO 101(0)10(C D100	ni alini bribit dibit albil bis	IS KINAI MINII 10AK
36301 PINEY RIDGE BLVD POST OFFICE BOX 477 FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731 US US			1			3. Date Incorporated or Qualified 06/04/1992 4. FEI Number	<u> </u>	Applied For
		2a. Mailing Address				59-3182452 5. Certificate of Status Desired		Not Applicable 5 Additional
25 Suite, Apt. #, etc. Suite, Apt. # etc.						O Firstin Occasion Firstin		Required
22 27					6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
City & State City & State					7. Is this nonprofit corporation a h			
23	3 28					⊠ Yes □ No		
Zip 24	Country	Zip	Country	/		8. This corporation owes or has p		Intangible No
241	9. Name and Address of Curre	11	30			Personal Property Tax due Jun 10. Name and Address of New R		₽ INO
			81	Name				
CYRUS, ROBERT R.			82	82 Street Addr		(P.O. Box Number is Not Accepta	able)	
214-A NORTH 3RD STREET LEESBURG FL 34748			83					
			84	City			85 Z	ip Code
44.5				L				•
office or agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 617.1508, Florida Statute e of Florida. Such change was a pations of, Section 617.0503, Flo	es, the above uthorized by rida Statutes	e-named / the con s.	corpora poration	ation submits this statement for the 's board of directors. I hereby acce	purpose of changin ept the appointment	g its registered as registered
SIGNATURE .								į
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	. Registered Age	ent signature	e required w	hen reinstallng)	DATE	
12.	Signature, typed or printed name of registered ag OFFICERS AN	ent and title if applicable. (NOTE ID DIRECTORS	Registered Age	ent signature	e required w	then reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	ORS IN 12
12.	······································			ent signature	e required w		-	
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14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

ENEIZVEURE PERUPERCIENT

1/7/98

352-787-0749

FILED

Feb 04 1998 8:00am

Secretary of State