## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N49718**

LAKE ELBERT COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
833 LAKE ELBERT COURT NE
WINTER HAVEN FL 33881

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite. Apt. #, etc.

833 LAKE ELBERT CT NE WINTER HAVEN FL 33881

## **FILED** Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90213 030 \*\*\*\*61.25

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Applied For

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

07/07/1992

4. FEI Number

.3		28								0 1104	uiigu
Zip	Country	Zip		Country		6. Election	Campaign Financing		\$5	.00 N	lay Be
4	25	29	30				nd Contribution			ded to	Fees
	9. Name and Address of Current F	Registered Age	ent			10. Name a	nd Address of New F	Registered A	gent		
<u></u> .				81	Name						
CRANO. I	MARIE ALICE			82	Street Add	ress (P.O. Box I	Number is Not Accepta	able)			
-	HWY. 27 SO.				0.0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					·
	LES FL 33859			83							
				24	0.4		<u></u>	<del></del>	85	Zip Co	odo.
				84	City	<b>}</b> ·		FL	00	Zip Ci	de
office or r agent. I a	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such c	hange was autho	nized by	the corporati	oration submits on's board of di	this statement for the rectors. I hereby accept	purpose of cot the appoin	hangin tment a	g its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable.	(NOTE: Regi	istered Agen	t signature require	ed when reinstating)	<del></del>	DATE			·· <b>-</b>
12.	OFFICERS AND	DIRECTORS		13.		ADDITIO	NS/CHANGES TO OF	FICERS AND	DIRE	CTOR	S IN 12
TITLE	PD		DELETE	1.1 TITLE					Cha	nge	Addition
NAME	BULL, ERIC W.			1.2 NAME							
STREET ADDRESS	833 LAKE ELBERT COURT NE			1.3 STREET	TADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST	T-ZIP						
TITLE	VD	ſ	DELETE	2.1 TITLE			<u> </u>		Cha	inge	Addition
NAMÉ	MOORE BILLY			2.2 NAME		;					
STREET ADDRESS	816 LAKE ELBERT COURT NE			2.3 STREET	ADORESS	·,,					
CITY-ST-ZIP	WINTER HAVEN FL			2. 4 CITY-S	T-ZIP -	j					
TITLE	SD		DELETE	3.1 TITLE					Cha	nge	Addition
NAME	TONJES, ARLENE C.			3.2 NAME							
STREET ADDRESS	824 LAKE ELBERT COURT NE			3.3 STREET	ADDRESS						
CITY-ST-Z#P	WINTER HAVEN FL			3.4. CITY-S	T-ZIP			_			
TITLE	TD		DELETE	4.1 TITLE					Cha	inge	Addition
NAME	GILMORE, GENEVA			4. 2 NAME							
STREET ADDRESS	826 LAKE ELBERT COURT NE		ľ	4.3 STREET	ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-S	T-ZIP						
TITLE		T T	DELETE	5.1 TITLE					Cha	nge	Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADORESS						
CITY-ST-ZIP				5.4 CITY-S	T-ZIP		•				_
TITLE		<u> </u>	DELETE	6.1 TITLE		-			Cha	nge	Addition
NAME			J	6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS						
CITY-ST-ZIP			İ	6.4 CfTY-S	T-ZiP						
14 I hereby	certify that the information supplied with	this filing does	not qualify for the	exempti	on stated in	Section 119.07(	3)(i), Florida Statutes.	I further cert	ify that	the inf	ormation

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:

MARCH 5/99 (941) 293-0624

Date Daytime Phone #