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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90074 033 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N50054**

1. Corporation Name

**SILENT NEIGHBORS OF LAKE COUNTY, INC.**

Principal Place of Business

P.O. BOX 70  
TAVARES FL 32778

Mailing Address

P.O. BOX 70  
TAVARES FL 32778

\* 2 3 2 9 4 9 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 911  
Suite, Apt. #, etc.

27 City & State

28 Tavares, FL

29 32778-0911 30 Lake

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number

59-3121653

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

9. Name and Address of Current Registered Agent

**GOODMAN ZOANN  
31849 BLANTON LN  
TAVARES FL 32778**

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

TITLE **TR** ☒ DELETE

NAME **ALVERSON, JULIE**  
STREET ADDRESS **34847 FIRST AVE**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **VPD** ☐ DELETE

NAME **KEGAN, FAYE**  
STREET ADDRESS **2405 WINONA AVE**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **PD** ☐ DELETE

NAME **DEERY, JASON**  
STREET ADDRESS **388833 MCKINNEY RD**  
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **S** ☒ DELETE

NAME **MOSCOSO, SARA**  
STREET ADDRESS **14089 HUNTER GROVE DR**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **TD** ☐ DELETE

NAME **GOODMAN, ZOANN**  
STREET ADDRESS **31849 BLANTON LANE**  
CITY-ST-ZIP **TAVARES FL**

TITLE **D** ☒ DELETE

NAME **LEE, GEORGE**  
STREET ADDRESS **3033 MYAKKA RIVER RD**  
CITY-ST-ZIP **TAVARES FL 32778**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☒ Change ☐ Addition

1.2 NAME **Sandra Tice**  
1.3 STREET ADDRESS **321 Marino Dr.**  
1.4 CITY-ST-ZIP **Lady Lake, FL 32159**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Jason Derry**  
3.3 STREET ADDRESS **38833 McKinney Rd.**  
3.4 CITY-ST-ZIP **Lady Lake, FL 32159**

4.1 TITLE **S** ☒ Change ☐ Addition

4.2 NAME **David Beltzer**  
4.3 STREET ADDRESS **314 Oak Lane Pass**  
4.4 CITY-ST-ZIP **Ocala, FL 34472**

5.1 TITLE **PD** ☒ Change ☐ Addition

5.2 NAME **Zoann Goodman**  
5.3 STREET ADDRESS **31849 Blanton Ln.**  
5.4 CITY-ST-ZIP **Tavares, FL 32778**

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **John Nelson**  
6.3 STREET ADDRESS **317 Santa Clara Cir.**  
6.4 CITY-ST-ZIP **Lady Lake, FL 32159**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

**Goodman PD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

232944-400 (4-55)  
N50054

VPD  
Virginia Lee  
3033 Myakka River Rd.  
Tavares, FL 32778

TR CA  
Lori Gerwinski  
317 Santa Clara Cir  
Lady Lake, FL 32159

D  
Merline Tice  
321 San Marino Dr.  
Lady Lake, FL 32159

TR  
Ed Hunter  
13 Key Largo Way