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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N92000000473 (0)**

1. Corporation Name

LAKE MARION VILLAS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2101 PACIFIC RD. KISSIMMEE FL 34759	2101 PACIFIC RD. KISSIMMEE FL 34759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-3236244 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 4545 Pleasant Hill RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 110
City & State 23	City & State 28 Kissimmee FL
Zip 24 / Country 25	Zip 29 34759 / Country 30 USA

9. Name and Address of Current Registered Agent

GOLAN, AMNON
3111 STIRLING RD., SUITE B132
FT. LAUDERDALE FL 33312

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	DP	11 TITLE	DVPT	☒ Change ☐ Addition
NAME	GOLAN, AMNON	12 NAME	GOLAN, AMNON	
STREET ADDRESS	3111 STERLING RD.	13 STREET ADDRESS	3111 Stirling Rd., B-132	
CITY-ST-ZIP	FT LAUDERDALE FL 33131	14 CITY-ST-ZIP	Fort Lauderdale FL 33312	
TITLE	~~DSP~~	21 TITLE	DPS	☒ Change ☐ Addition
NAME	~~SHAKED, SAMUEL~~	22 NAME	LANGHAM, STEPHEN	
STREET ADDRESS	~~4545 PLEASANT HILL RD., SUITE 112~~	23 STREET ADDRESS	4545 Pleasant Hill Rd., Suite 110	
CITY-ST-ZIP	~~KISSIMMEE FL 34759~~	24 CITY-ST-ZIP	Kissimmee FL 34759	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	SCHEMROCK, VICKIE	32 NAME	Lyons, Vickie	
STREET ADDRESS	4545 PLEASANT HILL RD., SUITE 112	33 STREET ADDRESS	424 Allspice Court	
CITY-ST-ZIP	KISSIMMEE FL 34759	34 CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this original 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 the 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: S LANGHAM 4/26/95 (407) 870-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000302