

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

2101 PACIFIC RD.
KISSIMMEE FL 34759

Mailing Address

4545 PLEASANT HILL RD
SUITE 104
KISSIMMEE FL 34759-3400
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 2106 Pacific Road

Suite, Apt. #, etc.

27 City & State

28 Kissimmee FL

Zip

29 34759

Country

30 FL

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
11/24/1992

3a. Date of Last Report
05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name PATRICK GAVIGAN

82 Street Address (P.O. Box Number is Not Acceptable)
2106 PACIFIC ROAD

83

84 City Kissimmee

FL

85 Zip Code 34759

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.

PATRICK GAVIGAN

DATE
SEPT 10, 1997

12. OFFICERS AND DIRECTORS

TITLE DVPT
NAME GOLAN, AMNON
STREET ADDRESS 3111 STERLING RD.
CITY-ST-ZIP FT LAUDERDALE FL ☒ DELETE

TITLE DPS
NAME LANGHAM, STEPHEN
STREET ADDRESS 4545 PLEASANT HILL ROAD #104
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

TITLE D
NAME LYONS, VICKIE
STREET ADDRESS 424 ALLSPICE COURT
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Ted Cromlich
1.3 STREET ADDRESS 929 E 23rd Street
1.4 CITY-ST-ZIP Indianapolis IN 46205 ☐ Change ☒ Addition

2.1 TITLE b
2.2 NAME MRS. RAY FREEMAN
2.3 STREET ADDRESS 510 PARSLEY CT.
2.4 CITY-ST-ZIP KISSIMMEE, FL 34759 ☐ Change ☒ Addition

3.1 TITLE DIRECTOR / Vice President
3.2 NAME PATRICK GAVIGAN
3.3 STREET ADDRESS 2106 PACIFIC ROAD
3.4 CITY-ST-ZIP Kissimmee FL 34759 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
800002320778--2
-10/15/97-01052--016
*****61.25 *****61.25

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
6/10-14-97

14. I do 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.

FILED

97 OCT -9 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (9/96)