

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

|  |  |  |
|--|--|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Martham<br>Secretary of State<br>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.<br>KISSIMMEE FL 34759 |         | 2106 PACIFIC ROAD<br>KISSIMMEE FL 34759<br>US |         |
| 2. Principal Place of Business         |         | 2a. Mailing Address                           |         |
| 21<br>Suite, Apt. #, etc.              |         | 26<br>Suite, Apt. #, etc.                     |         |
| 22<br>City & State                     |         | 27<br>City & State                            |         |
| 23<br>Zip                              | Country | Zip   | Country |
| 24<br>25                               | 29      | 30  |         |

9. Name and Address of Current Registered Agent

GAVIGAN, PATRICK  
2106 PACIFIC ROAD  
KISSIMMEE FL 34759

|    |  |
|----|--|
| 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

2-24-99

|  |  |  |   |
|--|--|--|---|
| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D CROMLICH, TOM<br>929 E 23RD STREET<br>INDIANAPOLIS IN 46205      | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | DIRECTOR - VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>CROMLICH, TED   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>GAVIGAN, PATRICK<br>2106 PACIFIC ROAD<br>KISSIMMEE FL 34759 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | DIRECTOR - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>GAVIGAN, PATRICK<br>2106 PACIFIC ROAD<br>KISSIMMEE FL 34759<br>03/09/98-01088-008<br>*****236.25 *****236.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D FREEMAN, MRS. RAY<br>510 PARSLEY CT.<br>KISSIMMEE FL 34759       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | SECRETARY - D. REC. FOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>SM, THRY, SAY<br>510 PARSLEY CT.<br>KISSIMMEE FL 34759<br>03/09/98-01088-009<br>*****61.25 *****61.25     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  |

14. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-98

Date

Daytime Phone #

0012346

FILED

00 MAR -4 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



98-99  
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CR2E037 (5/98)