4-5-95 D3017-K

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:25

DOCUMENT # **N93000001440 (7)**

1. Corporation Name

LAKE DAMON SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
338 GROVE CIRCLE AVON PARK FL 33825	~~338 GROVE CIRCLE~~ 303 Peabody Circle AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1993
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0401623 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITEHOUSE, J W 445 S COMMERCE AVENUE SEBRING FL 33870	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	D/P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MEFFLEY, JAMES	1.2 NAME	Fredrick, Dolores	
STREET ADDRESS	312 PEABODY CIR.	1.3 STREET ADDRESS	304 Peabody Circle	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D/S	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WILEY, PATRICIA	2.2 NAME	Stelzer, Arnold	
STREET ADDRESS	302 GROVE CIRCLE	2.3 STREET ADDRESS	322 Grove Circle	
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D/V	3.1 TITLE		☐ Change ☐ Addition
NAME	SELIG, JAMES	3.2 NAME		
STREET ADDRESS	319 GROVE CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CHILDRESS, ADEN	4.2 NAME		
STREET ADDRESS	360 GROVE CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP		
TITLE	D/T	5.1 TITLE		☐ Change ☐ Addition
NAME	SEIFART, GEORGIANA L	5.2 NAME		
STREET ADDRESS	340 GROVE CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825	5.4 CITY-ST-ZIP		
TITLE	~~D~~	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	DAY, RALPH	6.2 NAME	Schultz, Herman	
STREET ADDRESS	304 GROVE CIRCLE	6.3 STREET ADDRESS	356 Grove Circle	
CITY-ST-ZIP	AVON PARK FL	6.4 CITY-ST-ZIP	Avon Park, FL 33825	

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 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: Georgiana L. Seifart Georgia Seifart, Treas. 813- 452-0698
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0067446