

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001440 (7)

1. Corporation Name

LAKE DAMON SOUTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

338 GROVE CIRCLE
AVON PARK FL 33825

Mailing Address

303 PEABODY CIR
AVON PARK FL 33825
US

3. Date Incorporated or Qualified
03/29/1993

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0401623

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

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MEFFLEY, JAMES
STREET ADDRESS 312 PEABODY CIR.
CITY-ST-ZIP AVON PARK FL

1.1 TITLE

President

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

Secretary

☒ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Jacqueline H. Taggart
333 Grove Circle

Avon Park, FL 33825

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

Vice President

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

Director

☒ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Arnold H. Stelzer
322 Grove Circle

Avon Park, FL 33825

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

Treasurer

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

Director

☒ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

William Gast
320 Grove Circle

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)(k), 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

Georgiana L. Seifart

4/29/96

Date

941-452-0698

Daytime Phone #

CR2E037 (12/95)