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FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/29/1993	
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	
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**WHITEHOUSE, J W
445 S COMMERCE AVENUE
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

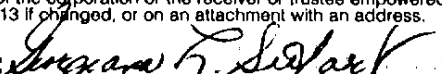
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P ☒ DELETE
NAME	MEFFLEY, JAMES
STREET ADDRESS	312 PEABODY CIR.
CITY-ST-ZIP	AVON PARK FL
TITLE	S ☐ DELETE
NAME	TAGGART, JACQUELINE H.
STREET ADDRESS	333 GROVE CIRCLE
CITY-ST-ZIP	AVON PARK FL
TITLE	VP ☒ DELETE
NAME	SELIG, JAMES
STREET ADDRESS	319 GROVE CIRCLE
CITY-ST-ZIP	AVON PARK FL
TITLE	D ☒ DELETE
NAME	STELZER, ARNOLD H.
STREET ADDRESS	322 GROVE CIRCLE
CITY-ST-ZIP	AVON PARK FL
TITLE	T ☐ DELETE
NAME	SEIFART, GEORGIANA L
STREET ADDRESS	340 GROVE CIRCLE
CITY-ST-ZIP	AVON PARK FL
TITLE	D ☐ DELETE
NAME	GAST, WILLIAM
STREET ADDRESS	320 GROVE CIRCLE
CITY-ST-ZIP	AVON PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President ☐ Change ☒ Addition
1.2 NAME	Evans, Diane
1.3 STREET ADDRESS	318 Grove Circle
1.4 CITY-ST-ZIP	Avon Park, FL 33825 ☐ Change ☒ Addition
2.1 TITLE	Vice President ☐ Change ☒ Addition
2.2 NAME	Emil Weber
2.3 STREET ADDRESS	321 Grove Circle
2.4 CITY-ST-ZIP	Avon Park, FL 33825 ☐ Change ☒ Addition
3.1 TITLE	Director ☐ Change ☒ Addition
3.2 NAME	Jeanette Rowe
3.3 STREET ADDRESS	326 Grove Circle
3.4 CITY-ST-ZIP	Avon Park, FL 33825 ☐ Change ☒ Addition
4.1 TITLE	Director ☐ Change ☒ Addition
4.2 NAME	Earl Miller
4.3 STREET ADDRESS	359 Grove Circle
4.4 CITY-ST-ZIP	Avon Park, FL 33825 ☐ Change ☐ Addition
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	

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:  **Georgia Seifart, Treasurer 3/13/98**

CR2E037 (10/97)