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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001440

1. Corporation Name

LAKE DAMON SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
338 GROVE CIRCLE AVON PARK FL 33825	303 PEABODY CIR AVON PARK FL 33825 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/29/1993	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0401623	Applied For Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

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 **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 _____ 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	P	☐ DELETE	1.1 TITLE	D & VP	☐ Change ☐ Addition
NAME	EVANS, DIANE		1.2 NAME	Earl Miller	
STREET ADDRESS	318 GROVE CIR		1.3 STREET ADDRESS	359 Grove Circle	
CITY-ST-ZIP	AVON PARK FL 33825		1.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	S	X ☒ DELETE	2.1 TITLE	Director	☐ Change ☐ Addition
NAME	TAGGART, JACQUELINE H.		2.2 NAME	Eugene Lewis	
STREET ADDRESS	333 GROVE CIRCLE		2.3 STREET ADDRESS	357 Grove Circle	
CITY-ST-ZIP	AVON PARK FL		2.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	VP	X ☒ DELETE	3.1 TITLE	Director	☐ Change ☐ Addition
NAME	EMIL WEBER		3.2 NAME	William Ruse	
STREET ADDRESS	321 GROVE CIR		3.3 STREET ADDRESS	338 Grove Circle	
CITY-ST-ZIP	AVON PARK FL 33825		3.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D & Secretary	☐ DELETE	4.1 TITLE	Director	☐ Change ☐ Addition
NAME	JEANETTE ROWE		4.2 NAME	Frank Kleinke	
STREET ADDRESS	326 GROVE CIR		4.3 STREET ADDRESS	313 Grove Circle	
CITY-ST-ZIP	AVON PARK FL 33825		4.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	T	☐ DELETE	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		5.4 CITY-ST-ZIP		
TITLE	D	X ☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GAST, WILLIAM		6.2 NAME		
STREET ADDRESS	320 GROVE CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Georgeana Seifart Signature Requested, Treas 3/4/99 941-452-0698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Georgeana L Seifart