

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 CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001633 (7)

1. Corporation Name

LAKEWOOD KNOLL PHASE 2 PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ROBERT F. HARPER 111
208 W. ALAMO DR.
LAKELAND FL 33813

% ROBERT F. HARPER 111
P.O. BOX 5400
LAKELAND FL 33807-5400

2. Principal Place of Business

2a. Mailing Address

21 **5828 LAKEWOOD LANE**

26 **5828 LAKEWOOD LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **LAKELAND, FLORIDA**

28 **LAKELAND, FLORIDA**

24 Zip **33805-7621**

Country **USA**

29 Zip **33805-7621**

Country **USA**

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/12/1993

4. FEI Number

59-3179369

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

81 Name

SCOTT CROUCH

82 Street Address (P.O. Box Number is Not Acceptable)

5828 LAKEWOOD LANE

83

84 City

LAKELAND

FL

85 Zip Code **33805**

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

SCOTT CROUCH

SCOTT CROUCH, SECRETARY/TREASURER

9-8-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **HARPER, ROBERT F III**

STREET ADDRESS **208 W. ALAMO DR.**

CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VPD** ☒ DELETE

NAME **LINDSEY, GEORGE M 111**

STREET ADDRESS **520 S. FLORIDA AVE.**

CITY-ST-ZIP **LAKELAND FL**

TITLE **STD** ☒ DELETE

NAME **ANDERSON, BOBBIE J**

STREET ADDRESS **208 W. ALAMO DR.**

CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME

TIMOTHY COONEY

1.3 STREET ADDRESS

5822 LAKEWOOD LANE

1.4 CITY-ST-ZIP

LAKELAND, FL. 33805

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME

ROBERT MCCORMIE

2.3 STREET ADDRESS

1342 WALKER COURT

2.4 CITY-ST-ZIP

LAKELAND FL 33805

3.1 TITLE **STD** ☒ Change ☐ Addition

3.2 NAME

SCOTT CROUCH

3.3 STREET ADDRESS

5828 LAKEWOOD LANE

3.4 CITY-ST-ZIP

LAKELAND, FL. 33805

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

SCOTT CROUCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-98
Date

941-686-9815
Daytime Phone #

FILED
Oct 15 1998 8:00am
Secretary of State



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CR2E037 (5/98)