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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS N93000004299 (4) DOCUMENT #

LAKE WALKER SHORES PROPERTY OWNER'S ASSOCIATION

| INC. | WENCH SHORES THOI EI | | JATION, | | | | |
|---|---|---|---------------------------|----------------------------------|--|---|-------------------------------------|
| Principal Place of Business | | Mailing Address | | | I CARLES AND INCIDENT COURT MONTH MONTH MONTH | tiet Ameir Amiri Tiffed () | iano lanta 1811 (86) |
| 5100 US 98 N Suite 15 Lakeland Fl 33809 | | 5100 US 98 N Suite 15 Lakeland Fl 33809 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 09/20/1993 | 3a. Date of La 04/11/ | |
| _ ` | lace of Business | 2a. Mailing Address | | | 4. FEI Number | , | Applied For |
| Suite, Apt. | # etc | 26 | | | 59-3235626 | | Not Applicable |
| City & State | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | S8.75 Additional Fee Required | | |
| 23 | e | City & State | han i | | 6. Election Campaign Financing | \$5. | .00 May Be |
| Zip | Country | Zip | Country | . | Trust Fund Contribution | Mac | ded to Fees |
| 24 | 25 | 29 | 30 Country | • | 8. This corporation has liability for int | | s. 199.032, |
| | 9. Name and Address of Curre | | 130 | | Florida Statutes 10. Name and Address of New Reg | Yes No | |
| | | <u> </u> | 81 | Name | 10. Hamile and Address of Herr Net | Jistered Agent | |
| WILHELI | w, kenneth f | | _ | | | | |
| 5100 US 98 N | | | 82 | Street Ar | ldress (P.O. Box Number is Not Acceptable) | 1 | |
| SUITE 15 | | | 83 | | | | |
| LAKELAI | ND FL 33809 | | | | | | , |
| | | | 84 | City | · · · · · · · · · · · · · · · · · · · | FL 85 | Zıp Code |
| or register familiar wi | ith, and accept the obligations of, Sec | ction 617.0503, Florida Statutes | S. | oration's oc | poration submits this statement for the purpopard of directors. I hereby accept the appoin | se of changing its itment as registere | registered office ad agent. I am |
| 12. | Signature, typed or printed name of registered age: | | | nt signature requ | ared whea rearstating) | DATE | |
| TITLE | D OFFICERS AN | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | | |
| NAME | SAUNDERS, JOE L | []nerete | 11 THILE | | | Change | Addition |
| STREET ADDRESS | 5100 U.S. 98N #15 | | 1.2 NAME | f | | | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 1.3 STREET ADDRESS | | | | |
| TITLE | D []DELETE | | 1.4 C(TY - S 2 1 T(TLE | IT - ZIP | | | |
| NAME | WILHELM, KENNETH, F | [Dett. f | | | | Change | Addition |
| STREET ADDRESS | 5100 U.S. 98N #15 | | 2 2 NAME | 4000500 | | | |
| CITY - ST - ZIP | LAKELAND FL 33809 | | 2 3 STREET | | | | |
| TITLE | D | DELETE | 2 4 CITY-5 3 1 TITLE | ST - ZIP | | | |
| NAME | TURNER, RONALD, V | | 3 2 NAME | | | ☐ Change | Addition |
| STREET ADDRESS | 5100 U.S. 98N #15 | | 3 3 STREET | ADOBECC | | | J |
| City-St-ZiP | LAKELAND FL 33809 | | 3.4. CITY - S | | | | |
| TITLE | | DELETE | 41 TITLE | 31-21 | | Change | Addition |
| NAME | | | 4 2 NAME | | | onlings | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | | | | |
| TITLE | | DELETE | 5 1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 54 CHY-S | ľ | | | J |
| TITLE | | DELETE | 61 TITLE | | | ☐ Change | Addition |
| NAME | | | 6.2 NAME | 1 | | • | _ ' |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4.C(TV-S) | r. 7(P | | | |

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 ex 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 of an attachment with an address.

NG OFFICER OR DIRECTOR

SIGNATURE: