

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002057 (7)

1. Corporation Name

SHARE-A-HOME OF LAKE COUNTY, INC.



Principal Place of Business

Mailing Address

426 LAKE DORA DRIVE
TAVARES FL 32778

426 LAKE DORA DRIVE
TAVARES FL 32778-3309

3. Date Incorporated or Qualified
04/26/1994

3a. Date of Last Report
03/11/1996

2. Principal Place of Business
21 1843 Overlook Dr.

2a. Mailing Address
26 1843 Overlook Dr.

4. FEI Number
59-3249622

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
Mount Dora, FL

28 City & State
Mount Dora, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip 32757 25 Country U.S.A.

29 Zip 32757 30 Country U.S.A.

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

EASTWOOD, DAN W
426 LAKE DORA DRIVE
TAVARES FL 32778

81 Name Hummell, Lucy

82 Street Address (P.O. Box Number is Not Acceptable)
1843 Overlook Dr.

83

84 City Mount Dora

FL

85 Zip 32757

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 ready, willing, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Lucy Hummell, Vice Director

4/17/97

(Signature typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME VD HUMMELL, LUCY
STREET ADDRESS 1843 OVERLOOK DRIVE
CITY-ST-ZIP MOUNT DORA FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME D LACHEL, CONRAD P.
STREET ADDRESS 05304 BYRON ROAD
CITY-ST-ZIP FRUITLAND PARK FL ☐ DELETE

2.1 TITLE
2.2 NAME PD Lachel, Conrad P.
2.3 STREET ADDRESS 05304 Byron Road
2.4 CITY-ST-ZIP Fruitland Park FL ☒ Change ☐ Addition

TITLE
NAME PD EASTWOOD, DAN W JR.
STREET ADDRESS 426 LAKE DORA DRIVE
CITY-ST-ZIP TAVARES FL 32778 ☒ DELETE

3.1 TITLE
3.2 NAME D Rosalie Dau Schmidt
3.3 STREET ADDRESS 206 Jacaranda Drive
3.4 CITY-ST-ZIP Leesburg, FL 34748 ☐ Change ☒ Addition

TITLE
NAME SD MAKER, SALLY
STREET ADDRESS 61 SAND LAKE PL
CITY-ST-ZIP EUSTIS FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME TD BEDSOLE, BETTY J.
STREET ADDRESS 175 SHOREWOOD DR
CITY-ST-ZIP TAVARES FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME D COLEMAN, ELIZABETH
STREET ADDRESS 41420 SUNSHINE AVENUE
CITY-ST-ZIP UMATILLA FL 32784 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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

LUCY HUMMELL, VD

CR2E037 (9/96)