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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

1843 OVERLOOK DR
MOUNT DORA FL 32757
US

1843 OVERLOOK DR
MOUNT DORA FL 32757
US

3. Date Incorporated or Qualified

04/26/1994

4. FEI Number

59-3249622

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

HUMMELL, LUCY
1843 OVERLOOK DR
MOUNT DORA FL 32757

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME PD
2.3 STREET ADDRESS Mrs. Lee Manausa
2.4 CITY-ST-ZIP 4700 Heron Run Circle
Leesburg, FL 34748

TITLE PD ☐ DELETE
NAME SCHMIDT, ROSALIE DAU
STREET ADDRESS 206 JACARANDA DR
CITY-ST-ZIP LEESBURG FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD
3.3 STREET ADDRESS SCHMIDT, ROSALIE DAU
3.4 CITY-ST-ZIP 206 JACARANDA DR
LEESBURG, FL

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS ALICE THURMOND
4.4 CITY-ST-ZIP W. Lakeview Dr.
Altoona, FL 32702

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

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

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

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:

Sally Maker

CR2E037 (10/97)