FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002589 (9)**

1. Corporation Name

LAR-KEE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6040 SE 91ST TRAIL OKEECHOBEE FL 34974-1436	6040 SE 91ST TRAIL OKEECHOBEE FL 34974-1436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1994
3a. Date of Last Report:
4. FEI Number: ☐ Applied For ☑ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $69.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HINTZKE, DAVID L
6040 SE 91ST TRAIL
OKEECHOBEE FL 34974-1436

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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	HINTZKE, DAVID L	12 NAME	
STREET ADDRESS	6040 SE 91ST TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974-1436	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	KEITH, JACK	22 NAME	VD KIPER, DEMPSTER
STREET ADDRESS	6040 SE 91ST TRAIL	23 STREET ADDRESS	5981 S.E. 95TH TRAIL
CITY-ST-ZIP	OKEECHOBEE FL 34974-1436	24 CITY-ST-ZIP	OKEECHOBEE FL 34974-1436
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BALL, JAMES	32 NAME	
STREET ADDRESS	6047 SE 95TH TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WADE, MARTHA	42 NAME	
STREET ADDRESS	9135 SE 59TH DR	43 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ARENA, PAT	52 NAME	
STREET ADDRESS	6040 SE 91ST TRAIL	53 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974-1436	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	RAPP, LAWRENCE	62 NAME	D KEITH, JACK
STREET ADDRESS	6040 SE 91ST TRAIL	63 STREET ADDRESS	9237 SE 58TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL 34974-1436	64 CITY-ST-ZIP	OKEECHOBEE FL 34974-1436

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)(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: DAVID L HINTZKE 4/25/95 818-467-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070175