

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002589 (9)

1. Corporation Name

LAR-KEE LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

6040 SE 91ST TRAIL
OKEECHOBEE FL 34974-1436

Mailing Address

6040 SE 91ST TRAIL
OKEECHOBEE FL 34974-14363. Date Incorporated or Qualified
05/18/19943a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 5981 SE 95 TRAIL

Suite, Apt. #, etc.

22 City & State

23 OKEECHOBEE FL

Zip

24 34974

Country

2a. Mailing Address

26 5981 SE 95 TRAIL

Suite, Apt. #, etc.

27 City & State

28 OKEECHOBEE FL

Zip

29 34974

Country

30

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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

81 Name

KIPER, DEMPSTER

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

5981 SE 95 TRAIL

83

84 City

OKEECHOBEE

FL

85 Zip Code

34974

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

Dempster Kiper

DEMPSTER KIPER, PRESIDENT

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HINTZKE, DAVID L
STREET ADDRESS 6040 SE 91ST TRAIL
CITY-ST-ZIP OKEECHOBEE FL 34974-14361.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME KIPER, DEMPSTER
1.3 STREET ADDRESS 5981 SE 95 TRAIL
1.4 CITY-ST-ZIP OKEECHOBEE FL 34974TITLE VD ☒ DELETE
NAME KIPER, DEMPSTER
STREET ADDRESS 5981 SE 95TH TRAIL
CITY-ST-ZIP OKEECHOBEE FL2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME RAPP, WILLIAM
2.3 STREET ADDRESS 6051 SE 96 TRAIL
2.4 CITY-ST-ZIP OKEECHOBEE FL 34974TITLE TD ☐ DELETE
NAME BALL, JAMES
STREET ADDRESS 6047 SE 95TH TRAIL
CITY-ST-ZIP OKEECHOBEE FL 349743.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME WADE, MARTHA
STREET ADDRESS 9135 SE 59TH DR
CITY-ST-ZIP OKEECHOBEE FL 349744.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME FOUNTAIN, DONNA
4.3 STREET ADDRESS 6168 SE 97 TRAIL
4.4 CITY-ST-ZIP OKEECHOBEE FL 34974TITLE D ☐ DELETE
NAME ARENA, PAT
STREET ADDRESS 6040 SE 91ST TRAIL
CITY-ST-ZIP OKEECHOBEE FL 34974-14365.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME KEITH, JACK
STREET ADDRESS 9237 SE 58TH DRIVE
CITY-ST-ZIP OKEECHOBEE FL6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME WADE, MARTHA
6.3 STREET ADDRESS 9135 SE 59 DRIVE
6.4 CITY-ST-ZIP OKEECHOBEE FL 34974

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071458

CR2E037 (9/96)