

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002589 (9)**

1. Corporation Name

LAR-KEE LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5981 SE 95 TRAIL OKEECHOBEE FL 34974 US	Mailing Address 5981 SE 95 TRAIL OKEECHOBEE FL 34974 US
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2. Principal Place of Business 21 6051 S.E. 96 Trail Suite, Apt. #, etc. 22 City & State 23 Okeechobee, Florida Zip 24 34974	2a. Mailing Address 26 6051 S. E. 96 Trail Suite, Apt. #, etc. 27 City & State 28 Okeechobee, Florida Zip 29 34974 Country 30 Okeechobee
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3. Date Incorporated or Qualified 05/18/1994	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KIPER, DEMPSTER 5981 SE 95 TRAIL OKEECHOBEE FL 34974	10. Name and Address of New Registered Agent 81 Name Lawrence Rapp 82 Street Address (P.O. Box Number is Not Acceptable) 6051 S. E. 96 Trail 83 84 City Okeechobee FL 85 Zip Code 34974
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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 **LAWRENCE RAPP - PRESIDENT** **Lawrence Rapp** **02-12-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD KIPER, DEMPSTER
STREET ADDRESS	5981 SE 95 TRAIL
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD RAPP, WILLIAM
STREET ADDRESS	6051 SE 96 TRAIL
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD BALL, JAMES
STREET ADDRESS	6047 SE 95TH TRAIL
CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD FOUNTAIN, DONNA
STREET ADDRESS	6168 SE 97 TRAIL
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ARENA, PAT
STREET ADDRESS	6040 SE 91ST TRAIL
CITY-ST-ZIP	OKEECHOBEE FL 34974-1436
TITLE	<input type="checkbox"/> DELETE
NAME	D WADE, MARTHA
STREET ADDRESS	9135 SE 59 DR.
CITY-ST-ZIP	OKEECHOBEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Lawrence Rapp
1.3 STREET ADDRESS	6051 S. E. 96 Trail
1.4 CITY-ST-ZIP	Okeechobee, Florida 34974
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Dempster, Kiper
2.3 STREET ADDRESS	598a S E. 95 Trail
2.4 CITY-ST-ZIP	Okeechobee, Florida 34974
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Jim Bailey
3.3 STREET ADDRESS	6123 S. E. 96 Trail
3.4 CITY-ST-ZIP	Okeechobee, Florida 34974
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD DeLores Widdifield
4.3 STREET ADDRESS	3982 S. E. 95 Trail
4.4 CITY-ST-ZIP	Okeechobee, Florida 34974
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Leverne Jones
5.3 STREET ADDRESS	9401 S. E. 57 Drive
5.4 CITY-ST-ZIP	Okeechobee, Florida 34974
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Margaret Keith
6.3 STREET ADDRESS	9237 S.E. 58 Drive
6.4 CITY-ST-ZIP	Okeechobee, Florida 34974

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:

Lawrence Rapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-98 **641-763-5762**
Date Daytime Phone #

CR2E037 (10/97)