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Feb 21, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002589

1. Corporation Name

LAR-KEE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6051 SE 96 TRAIL
OKEECHOBEE FL 34974
US

6051 SE 96 TRAIL
OKEECHOBEE FL 34974
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/18/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAP, LAWRENCE
6051 SE 96 TRAIL
OKEECHOBEE FL 34974

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPE, LAWRENCE	1.2 NAME	
STREET ADDRESS	6051 S E 96 TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSTER, KIPER	2.2 NAME	
STREET ADDRESS	598A S E 95 TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JIM	3.2 NAME	
STREET ADDRESS	6123 S E 96 TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDDIFIELD, DELORES	4.2 NAME	
STREET ADDRESS	5982 SE 95 TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LAVERNE	5.2 NAME	
STREET ADDRESS	9401 S E 57 DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, MARTHA	6.2 NAME	
STREET ADDRESS	9135 SE 59 DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

2-10-99

CR2E037 (11/98)