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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002139 (2)

1. Corporation Name

LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3464 DOMI-FITZ CT.  
ORLANDO FL 32805

Mailing Address

3464 DOMI-FITZ CT.  
ORLANDO FL 32805



3. Date Incorporated or Qualified  
05/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. 1000 Olive A.M.E Church

26. 3464 Domi - Fitz Ct

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

City & State

23. ORLANDO, FLORIDA

City & State

28. ORLANDO, FLORIDA

24. 32805

25. ORANGE

29. 32805

30. ORANGE

9. Name and Address of Current Registered Agent

SALTER, CHARLIE J  
3464 DOMI-FITZ CT.  
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81. Name

SAME

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SALTER, CHARLIE J  
STREET ADDRESS 3464 DOMI-FITZ CT.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ DELETE  
NAME WILLIAMS, WILLIE  
STREET ADDRESS 3367 FITZGERALD DR.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☒ DELETE  
NAME COX, CHARLIE  
STREET ADDRESS 610 MAYS CT.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ DELETE  
NAME THEODORE, LEON  
STREET ADDRESS 3431 FITZGERALD DR.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ DELETE  
NAME COOK, TRECIE  
STREET ADDRESS 408 DOMINO DR.  
CITY-ST-ZIP ORLANDO FL 32805

TITLE D ☐ DELETE  
NAME HUNTER, RUTH  
STREET ADDRESS 470 DOMINO DR.  
CITY-ST-ZIP ORLANDO FL 32805

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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5/19/96  
Rm

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)(k), 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: Charlie Jean Salter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (407)293-5449  
Date Daytime Phone #

CR2E037 (12/95)