

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 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 # **N95000002585 (6)**

1. Corporation Name

LAKE CRESCENT PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**10660 LAKE RALPH DR.
CLERMONT FL 34711
US**

Mailing Address

**10660 LAKE RALPH DR.
CLERMONT FL 34711
US**

3. Date Incorporated or Qualified

05/25/1995

4. FEI Number

59-3323126

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WATERS, GREGORY
10660 LAKE RALPH DR.
CLERMONT FL 34711**

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 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

1/12/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATERS, GREGORY	
STREET ADDRESS	10660 LAKE RALPH DR	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURRIS, LARRY	
STREET ADDRESS	11515 CRESCENT PINES BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, VINCENT P	
STREET ADDRESS	11537 CRESCENT PINES BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTINO, JOE	
STREET ADDRESS	11525 CRESCENT PINES BLVD	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ROGERS, WANDA	
STREET ADDRESS	11641 CRESCENT PINES BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MEIER, YOLANDA	
STREET ADDRESS	10743 LAKE RALPH DR.	
CITY-ST-ZIP	CLERMONT FL 34711	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE REQUIRED

1/12/98 407-836-3223

CR2E037 (10/97)