FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9500003639 (0)

LEHIGH VILLAS, INC.							I (SPETION AND LEVEL AND LEVEL BODING				
Principal Place of Business				Mailing Address					_{		
1	•										
1000 Belle Terre Blvd. Palm Coast Fl 32164				1000 BELLE TERRE BLVD. PALM COAST FL 32164					3. Date Incorporated or Qualified		
}									07/31/1995 4. FEI Number Applied For		
									59-3333092 Not Applicable		
2. Principal	Place of Busin	ess	24.	Mailing Address					5. Certificate of Status Desired \$8.75 Additional		
21			26	0 1 1 1					Fee Required		
Suite, Apt	(. ₩, Θ (C.		27	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Sta	ile		- 2/1	City & State					7. Is this nonprofit corporation a homeowners association?		
23			28					☐ Yes ☐ No			
Zip	Country		Zip		_	Country			8. This corporation owes or has paid the current year intangible		
24		25 and Address of Curren	20	tored Acous	30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
 	U. Maine	and Appless of Curren	ir waßie	Iresen Whenr		81	Name		TV. Hame and Address of New Registered Agent		
JONES, STEVEN E											
1000 BELLE TERRE BLVD.							82 Street Add		ess (P.O. Box Number is Not Acceptable)		
	COAST FL 3					83					
							City		85 Zip Code		
						1 1			FL 1		
office or agent. I SIGNATURE		ent, or both, in the state th, and accept the obliga or printed name of registered age							oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered ad when reinslating) DATE		
12.		OFFICERS AND	D DIREC			3.		,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	D4140 1		☐ DELETE		.1 TITLE			☐ Change ☐ Addition		
NAME	SIEGEL,					.2 NAME					
STREET ADDRESS	STREET ADDRESS 55 FARRAGUT					1.3 STREET ADDRESS 1.4 City-St-ZiP					
TITLE	D	ONOT LE OSTOT		DELETE	_	A CITY-S	1-212	 	☐ Change ☐ Addition		
NAME	-	LOLA				2 NAME		1			
STREET ADDRESS	506 N. C	OR, LOLA 1. CHERRY STREET					ADDRESS	1			
CITY-ST-ZIP		L FL 32110			2	. 4 CITY-5	ST-ZIP				
TITLE	D			☐ DELETE		1 TITLE			☐ Change ☐ Addition		
NAME	QUANTZ					.2 NAME		l			
STREET ADDRESS		STCHESTER LANE				3.3 STREET ADDRESS					
CITY-ST-ZIP	PALM COAST FL 32135-0341			☐ DELETE		3.4. CITY-ST-ZIP			Change Addition		
TITLE NAME	1			C Deterio		2 NAME		Ì	C) Change C Addition		
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	i			4.4 CITY-S				1			
TITLE	 			DELETE	_	1 TITLE		 	Change Addition		
NAME	1				1	2 NAME		1			
STREET ADDRESS]				5.	3 STREET	ADDRESS				
CITY - ST - ZIP					5.	4 CITY - S	T-ZIP				
TITLE	[DELETE	6.	1 TITLE			Change Addition		
NAME						2 NAME		ĺ			
STREET ADDRESS	I				6.3	3 STREET	ADDRESS				

14. I hereby certify that the information supplied with this filling 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:

David Diegel bavid 1. Siegel, Chairman of the Board 904-437-7300

H2E037 (10/97)

FILED

May 05 1998 8:00am

Secretary of State