## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

96/6)

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #

TITLE

NAME

STREET ADORESS

CITY - ST - ZIP

N96000000622 (8)

LAKEFRONT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 1110 NORTH LAKE SYBELIA DRIVE 1110 NORTH LAKE SYBELIA DRIVE MAITLAND FL 32751 MAITLAND FL 32751-4815 Date Incorporated or Qualified 02/05/1996 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country This corporation has liability for intangible tax under s. 199.032, 24 29 Yes No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 82 1110 NORTH LAKE SYBELIA DRIVE 83 MAITLAND FL 32751 City Zip Code 85 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) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition DAVIS, RICHARD T NAME 1.2 NAME 1110 NORTH LAKE SYBELIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition THEF 2.1 TITLE HARRELL, ROBERT S NAME 22 NAME 1110 NORTH LAKE SYBELIA DRIVE STREET ADDRESS 2.3 STREET ADDRESS MAITLAND FL 32751 CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE SINGLETON, RALPH D NAME 3.2 NAME 1110 NORTH LAKE SYBELIA DRIVE STREET ADDRESS 3.3 STREET ADDRESS MAITLAND FL 32751 CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE TITLE Change \_\_\_ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 il changed, or on an affaithment with an address.

SIGNATURE:

SIGNATURE:

5.6-97

407-299-03-07