

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N96000001247**

1. Corporation Name

FRIENDS OF LAKE HIAWASSEE, INC.

Principal Place of Business

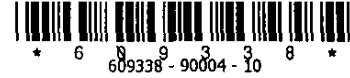
7213 BAY CLUB WAY
ORLANDO FL 32835
US

Mailing Address

7213 BAY CLUB WAY
ORLANDO FL 32835

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 010 ****61.25



2. Principal Place of Business

21 **1011 Edgewood Ranch**

Suite, Apt. #, etc.

22 **ORLANDO FL**

City & State

Zip

23 **32835**

Country

2a. Mailing Address

26 **1011 Edgewood Ranch**

Suite, Apt. #, etc.

27 **ORLANDO FL**

City & State

Zip

28 **32835**

Country

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

59-3363020

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

9. Name and Address of Current Registered Agent

STEWART, PAT
2191 BEAR ISLAND RD
LAKE BUENA VISTA FL

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **STEWART, PAT**
CITY-ST-ZIP **7213 BAY CLUB WAY**
ORLANDO FL 32835

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **LEON, MIKE**
CITY-ST-ZIP **1135 EDGEWOOD RANCH RD**
ORLANDO FL 32835

TITLE ☐ DELETE

NAME **DT**
STREET ADDRESS **PHILLIPS, PUAL**
CITY-ST-ZIP **1011 EDGEWOOD RANCH RD**
ORLANDO FL 32835

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **STURGESS, KATHY**
CITY-ST-ZIP **7217 BAY CLUB WAY**
ORLANDO FL 32835

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **KOSTANTINIDIS, TONY**
CITY-ST-ZIP **6705 FAIRWAY COVE DR**
ORLANDO FL 32835

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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 of 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:

SIGNATURE REQUIRED

8/1/99

(407) 975-0737

Date

Daytime Phone #

CR2E037 (5/99)