## 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 # N9600003130 (9)

LAKE MONROE ROADKILLERS, INC.

| Principal Plac   | e of Business                                     | Mailing Address                     |  |   |                                |
|--|---|-------------------------------------|--|---|--------------------------------|
| 250 PARK AVENUE SOUTH, 5TH FLOOR POST OFFICE BOX 880 WINTER PARK FL 32780-08 |   | D                                   | 3. Date Incorporated or Qualified  06/10/1996  4. FEI Number | Applied For   |                                |
| 2. Principal P   | lace of Business                                  | 2e. Mailing Address                 |  | APPLIED FOR   | Not Applicable                 |
| 21   |   | 26                                  |  | 5. Certificate of Status Desired  | Fee Required                   |
| Suite, Apt.  |   | Suite, Apt. #, etc.                 |  | 6. Election Campaign Financing Trust Fund Contribution                      | \$5.00 May Be<br>Added to Fees |
| City & State   |   | City & State                        |  | 7. Is this nonprofit corporation a homeowners association?  Yes No          |                                |
| Zip<br>24  | Country 26  | Zip 29                              | Country<br>30  | This corporation owes or has paid the<br>Personal Property Tax due June 30. | current year Intangible        |
|  | 9. Name and Address of Curre                      | nt Registered Agent                 |  | 10. Name and Address of New Register  | ed Agent                       |
| WHITE, W. GRAHAM<br>250 PARK AVENUE SOUTH, 5TH FLOOR<br>WINTER PARK FL 32789 |   |                                     | 81 Name<br>82 Street A<br>83                                 | address (P.O. Box Number is Not Acceptable)                                 |                                |
|  |   |                                     | 84 City  | - <u></u>   | 85 Zip Code                    |
| SIGNATURE  | Signature, typed or printed name of registered ac | gent and title if applicable (NOTE: | Registered Agent signature r                                 |   | E                              |
| 12.  |   | ND DIRECTORS                        | 13.  | ADDITIONS/CHANGES TO OFFICERS A   |                                |
| TITLE  | PD  | DELETE                              | 1.1 TITLE  | PD Hala   | Change Addition                |
| NAME   | MARSHALL, JIM                                     |                                     | 1.2 NAME   | Lisa Hahn   |                                |
| STREET ADDRESS   | 1016 WILLA LAKE CIR                               |                                     | 1.3 STREET ADDRESS   | 250 Pack Ave S. SH Floor<br>Winter Park, FL 32789                           |                                |
| CITY-ST-ZIP<br>TITLE   | OVIEDO FL   | DELETE                              | 1.4 CITY-ST-ZIP<br>2.1 TITLE                                 | Winter Par My 2 2000  | Change Addition                |
| NAME   | TSD<br>Lee, Mike                                  |                                     | 2.1 TITLE<br>2.2 NAME  |   | C change C recitor             |
| STREET ADDRESS   | 1330 BRADDOCK RD.                                 |                                     | 2.3 STREET ADDRESS   |   |                                |
| CITY-ST-ZIP  | DELTONA FL  |                                     | 2. 4 CITY-ST-ZIP   |   |                                |
| TITLE  | VPD   | DELETE                              | 3.1 TITLE  |   | Change Addition                |
| NAME   | WHITE, GRAHAM                                     |                                     | 3.2 NAME   |   |                                |
| STREET ADDRESS   | 250 PARK AVENUE SOUTH,                            | 5TH FLOOR                           | 3.3 STREET ADDRESS   |   |                                |
| CITY-ST-ZIP  | WINTER PARK FL 32789                              |                                     | 3.4. CITY-ST-ZIP   |   |                                |
| TITLE  |   | DELETE                              | 4.1 TITLE  |   | Change Addition                |
| HAME   |   |                                     | 4. 2 NAME  |   |                                |
| STREET ADDRESS   |   |                                     | 4.3 STREET ADDRESS   |   |                                |
| CITY-ST-ZIP  |   |                                     | 4.4 CITY-ST-ZIP  |   | Ob 1 4 4 200                   |
| TITLE  |   | ☐ DELETE                            | 5.1 TITLE  |   | Change Addition                |
| NAME   |   |                                     | 5.2 NAME   |   |                                |
| STREET ADDRESS   |   |                                     | 5.3 STREET ADDRESS   |   |                                |

14. Thereby 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 13 if changed, or on an attach might with an address.

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

M. Lala Mark

DELETE

1/27/98 407-246-8418

**FILED** 

May 11 1998 8:00am

Secretary of State