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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N96000006622

1. Corporation Name
MEMORY LANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4508 COUNTRY GATE COURT VALRICO FL 33694	4508 COUNTRY GATE COURT VALRICO FL 33694

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 12/26/1996 4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable 5. Certifcate 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	10. Name and Address of New Registered Agent
CHAPMAN, ROBERT E 4508 COUNTRY GATE COURT VALRICO FL 33694	81 Name: Kim Smoot 82 Street Address (P.O. Box Number is Not Acceptable) 83: 2207 Colewood Lane 84 City: Dover FL 85 Zip Code: 33527

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 _____ DATE
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		
TITLE	D	☒ DELETE	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	CHAPMAN, MORGAN M		1.2 NAME	Dee Johnson	
STREET ADDRESS	508 CHASTAIN ROAD		1.3 STREET ADDRESS	2104 Colewood Lane	
CITY-ST-ZIP	SEFFNER FL 33584		1.4 CITY-ST-ZIP	Dover, Fl 33527	
TITLE	STD	☒ DELETE	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	CHAPMAN, SYLVIA G		2.2 NAME	Kim Smoot	
STREET ADDRESS	4508 COUNTRY GATE COURT		2.3 STREET ADDRESS	2207 Colewood Lane	
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP	Dover, Fl 33527	
TITLE	PD	☒ DELETE	3.1 TITLE	President	☒ Change ☐ Addition
NAME	CHAPMAN, ROBERT E		3.2 NAME	Shelia Chapman	
STREET ADDRESS	4508 COUNTRY GATE COURT		3.3 STREET ADDRESS	2205 Colewood Lane	
CITY-ST-ZIP	VALRICO FL 33594		3.4 CITY-ST-ZIP	Dover, Fl 33527	
TITLE		☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME			4.2 NAME	Steve Chapman	
STREET ADDRESS			4.3 STREET ADDRESS	2205 Colewood Lane	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Dover, Fl 33527	
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME			5.2 NAME	Hubert Beasley	
STREET ADDRESS			5.3 STREET ADDRESS	2202 Colewood Lane	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Dover, Fl 33527	
TITLE		☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME			6.2 NAME	Thomas Johnson	
STREET ADDRESS			6.3 STREET ADDRESS	2104 Colewood Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Dover, Fl 33527	

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, with all other like empowered.

SIGNATURE: Robert E Chapman 3/31/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #