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**Mar 16, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000000541**

1. Corporation Name

**SOUTH LAKE FIREFIGHTERS ASSOCIATION, INC.**

Principal Place of Business

LAKE COUNTRY FIRE RESCUE STATION 91  
11630 LAKESHORE DRIVE  
CLERMONT FL 34711

Mailing Address

P O BOX 1988  
MINNEOLA FL 34755-1988



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**01/31/1997**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2990503**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBOUR, HUGH F**  
**17730 NEAL DRIVE**  
**MONTVERDE FL 34756-0036**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCLAUGHLIN, JOEL K  
STREET ADDRESS 15926 HIDDEN LAKE CIR  
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

1.1 TITLE P.D.  
1.2 NAME MICHAEL ROBERTSON  
1.3 STREET ADDRESS 17151 BAY AVE  
1.4 CITY-ST-ZIP MONTVERDE, FL 34756 ☒ Change ☐ Addition

TITLE VPD  
NAME TRUDELL, ED  
STREET ADDRESS 15821 HIDDEN LAKE CIR  
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

2.1 TITLE V.P.D.  
2.2 NAME MICHAEL JOYCE  
2.3 STREET ADDRESS 843 AVENIDA CUARTA  
2.4 CITY-ST-ZIP CLERMONT, FL 34711 ☒ Change ☐ Addition

TITLE TD  
NAME ANZUONI, MICHAEL  
STREET ADDRESS 11702 LAKE SUSAN CT  
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

3.1 TITLE S.T.D.  
3.2 NAME HUGH F. BARBOUR  
3.3 STREET ADDRESS 17730 NEAL DR  
3.4 CITY-ST-ZIP MONTVERDE, FL 34756-0036 ☒ Change ☐ Addition

TITLE ASSD  
NAME BARBOUR, HUGH F  
STREET ADDRESS 17730 NEAL DR  
CITY-ST-ZIP MONTVERDE FL 34756-0036 ☒ DELETE

4.1 TITLE ASS.D  
4.2 NAME JOEL K. MCLAUGHLIN  
4.3 STREET ADDRESS 15926 HIDDEN LAKE CIR  
4.4 CITY-ST-ZIP CLERMONT, FL 34711 ☒ Change ☐ Addition

TITLE SD  
NAME HENDRIX, JEREMY  
STREET ADDRESS 10744 LAKE RALPH DRIVE  
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Hugh F. Barbour* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/99**

Date

**407-469-2946**

Daytime Phone #

CR2E037 (11/98)