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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # N97000001957 (6)

LAKE COMO CLUB RENTERS ASSOCIATION, INC.

FILED										
Feb 03 1998 8:00an	r									
Secretary of State										

DII DI



Principal Place of Business Mailing Address						T LOGILLON QUE LUNES LAURIC SOURS DUSSE	CONTROLLINGUES TO BE	a ibia t a illi	
20500 COT RC	DAD	P.O. BOX 1590			3	Date Incorporated or Qualified			
UNIT 458		LAND O'LAKES FL 34639				04/08/1997			
LUTZ FL 33549	3				4	FEI Number 61.N.		Appli	ed For
					Ì	# 59-347763°	3		Applicable
2. Principal P	lace of Business	2a. Mailing Address				Contistante of Status Decised	□ \$8.	.75 Add	
21		26			3	Certificate of Status Desired		ee Requ	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6.	Election Campaign Financing	\$5	.00 Ma	y Be
22		27				Trust Fund Contribution	☐ Ad	ded to F	aes
City & Stat	e	City & State	-		7.	Is this nonprofit corporation a h		ciation?	
23		28				· · · · · · · · · · · · · · · · · · ·	Yes ∐ No		
Zip	Country	Zip .	Count	ry	8	This corporation owes or has p			
24	25 9. Name and Address of Curren	t Registered Agent	30	 -	10	Personal Property Tax due June Name and Address of New Re		7.55	40
<u> </u>	3. Haire and Address of Conton	t Hegistered Agent	8	1 Name		. Haine and Address of New III	sgistered Agent		
ANACOU	AMAZED CHARTERED								
	AWYER CHARTERED		8:	2 Street	t Address (P.O. Box Number Is Not Accepta	ble)		
1	MERIA AVENUE		8:	3			_		- 11
CORAL	GABLES FL 33134			1					
1			84	f City			FI 85	Zip Co	de
11 During ant	to the provisions of Scottone St7 0500	2 and 617 1500 Florida Ptatut.	00 100 000	1	d samesentle	an authorite this statement for the		ning ito r	opiotorod
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a	es, ine abo authorized b	ve-named by the cor	o corporation's	board of directors. I hereby acce	purpose or chang opt the appointme	ant as re	agistered gistered
agent. I a	m lamiliar with, and accept the obliga	itions of, Section 617.0503, Flo	orida Statute	∌s.					
SIGNATURE .	Signature, typed or printed name of registered ager	ANOTE	- Declarated A		re required who	a solvatosti – 1	DATE		
12.	OFFICERS AND		13.	gent signature		ADDITIONS/CHANGES TO OFFI		CTORS I	N 12
TITLE	PD	DELETE	1,1 TITLE				☐ Ch		Addition
NAME	PEASH, BRENDA	 -	1.2 NAME			-		•	
STREET ADDRESS	% 20500 COT ROAD, UNIT 45	58	1	T ADDRESS					
CITY-ST-ZIP	LUTZ FL 34639		1.4 CITY				_		
TITLE	VD	DELETE.	2.1 TITLE		VO.	in = 001=466	, Ch	ange [Addition
NAME	FOWLER, SHANNAN		2,2 NAME		0 17A	RA, TIMOTHY COSOO COT NO, WI	ر جات از جات		
STREET ADDRESS	% 20500 COT ROAD, UNIT 49	i8	2.3 STREE	T ADDRESS	1/0 2	0500 COT NO WIL	1458		
CITY-ST-ZIP	LUTZ FL 34639		2, 4 CITY		LUTZ	FL 34639	at _		
TITLE	SD	DELETE	3.1 TITLE				☐ Ch	ange [Addition
NAME	BROWN, ROSALYN M		3.2 NAME		1				
STREET ADDRESS	% 20500 COT ROAD, UNIT 45	i 8	3.3 STREE	T ADDRESS					
CITY-ST-ZIP	LUTZ FL 34639		3.4. CITY	ST-ZIP					
TITLE	TD	DELETE	4,1 TITLE				☐ Ch	ange L	Addition
NAME	O'HARA, TIMOTHY C		4. 2 NAMI	E	1)
STREET ADDRESS	% 20500 COT ROAD, UNIT 45	i8	4.3 STREE	T ADDRESS					l
CITY-ST-ZIP	LUTZ FL 34639		4.4 CITY-	ST-ZIP					
TITLE		DELETE	5.1 TITLE		TD.	`^ ^ ^ ^ ^ ^	Ø Ch:	ange [Addition
NAME			5.2 NAME		WILL	AM C. CARNES	سرس ر محور خ		ļ
STREET ADDRESS			5.3 STREE	T ADDRESS	1962	8500 COT RA U	N11 458		Į
CITY-ST-ZIP			5.4 CITY -	ST-ZIP	147	Z. Ph. 24639		<u> </u>	
TITLE		☐ DELETE	6.1 TITLE		D,		L/Z Ch	ange E	Addition
NAME			6.2 NAME		PAUL	: WE RIBEATS	LAPA 11 m=	j	
STREET ADDRESS			6.3 STREE	T ADDRESS	200	20300 COT RAV	760	į	
City-St-ZiP			6.4 CITY-	ST-ZIP	LUI	2, Fl, 34639	1		
14. I hereby o	ertify that the information supplied wit on this annual report or supplemental director of the corporation or the recei	In this filling does not qualify for annual report is true and accura-	r the exemp urate and the	otion state	ed in Section Consture sha	on 179.07(3)(i), Floridà Statutes. I Ill have the same legal effect as i	further certify the f made under oa!	at the info th: that I	am an
officer or	director of the corporation or the recei	ver or trustee empowered to e	execute this	report as	s required	by Chapter 617, Florida Statutes;	and that my nam	е аррег	ហ៊ុន in
Block 12 (or Block 13 if changed, or on an attac	nment with an address.		and			. ()	41B	1