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FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002034 (3)

1. Corporation Name

LAKE McBRIDE AREA RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7800 BRADFORDVILLE ROAD
TALLAHASSEE FL 32308

7800 BRADFORDVILLE ROAD
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

Applied For
☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHRMAN, PAUL
7800 BRADFORDVILLE ROAD
TALLAHASSEE FL 32308

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 ☐ DELETE
NAME **D**
STREET ADDRESS **CONRAD, JACK**
CITY-ST-ZIP **MILLSTONE PLANTATION, THOMASVILLE RD**
TALLAHASSEE FL 32308

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **President**
1.3 STREET ADDRESS **Philip Speake**
1.4 CITY-ST-ZIP **6240 Old Water Oak Rd.**
Tallahassee, FL 32312

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JOHNSON, TOM**
CITY-ST-ZIP **8065 THOMASVILLE ROAD**
TALLAHASSEE FL 32308

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **V.P. Leanne Jowers**
2.3 STREET ADDRESS **7754 McClure Dr.**
2.4 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DENKER, RANDIE**
CITY-ST-ZIP **7800 BRADFORDVILLE ROAD**
TALLAHASSEE FL 32308

3.1 TITLE **D** ☐ Change ☐ Addition
3.2 NAME **See Jim Marois**
3.3 STREET ADDRESS **McClure Dr.**
3.4 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

SIGNATURE:

5/25/98 1018-3653

CR2E037 (1097)