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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005242 (9)**

1. Corporation Name

LAKE ROPER POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**665 N WYMORE ROAD
SUITE 101
WINTER PARK FL 32789**

**665 N WYMORE ROAD
SUITE 101
WINTER PARK FL 32789**

3. Date incorporated or Qualified

09/15/1997

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 655 North Wymore Road

26 655 North Wymore Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLS, CYNTHIA
665 N WYMORE ROAD
SUITE 101
WINTER PARK FL 32789**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

655 North Wymore Road

83 N/A

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

Cynthia Wills
Signature, typed or printed name of registered agent and title if applicable

Cynthia Wills

(NOTE: Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WILSON, STEPHAN**
STREET ADDRESS **665 N WYMORE ROAD**
CITY-ST-ZIP **WINTER PARK FL 32789**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **655 North Wymore Road**
1.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE

NAME **WILLS, CYNTHIA**
STREET ADDRESS **665 N WYMORE ROAD**
CITY-ST-ZIP **WINTER PARK FL 32789**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **655 North Wymore Road**
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **SEAL, ROBERT C**
STREET ADDRESS **665 N WYMORE ROAD**
CITY-ST-ZIP **WINTER PARK FL 32789**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **655 North Wymore Road**
3.4 CITY-ST-ZIP

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:

Cynthia Wills DIRECTOR

4/20/98

CR2E037 (10/97)