

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **N97000006074**

1. Corporation Name

**LAKE COUNTY JUNIOR TENNIS ASSOCIATION, INC.**

Principal Place of Business

%MISSION INN GOLF AND TENNIS RESORT  
10400 C.R. 48  
HOWEY-IN-THE-HILLS FL 34737

Mailing Address

%MISSION INN GOLF AND TENNIS RESORT  
10400 C.R. 48  
HOWEY-IN-THE-HILLS FL 34737

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90015 047 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

**10/28/1997**

4. FEI Number

**59-3529270**

Applied For

Not Applicable

5. Certificate 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

VILLARROEL, CESAR  
%MISSION INN GOLF AND TENNIS RESORT  
10400 C.R. 48  
HOWEY-IN-THE-HILLS FL 34737

10. Name and Address of New Registered Agent

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

TITLE D  
NAME VILLARROEL, CESAR  
STREET ADDRESS 10400 C.R. 48  
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

TITLE D  
NAME COONEY, GARY J  
STREET ADDRESS 222 W. ALFRED STREET  
CITY-ST-ZIP TAVARES FL 32778

TITLE D  
NAME SHUMACKER, J C  
STREET ADDRESS 911 W. NORTH BLVD.  
CITY-ST-ZIP LEESBURG FL 34788

TITLE P  
NAME LEWARE, BERNADETTE K  
STREET ADDRESS 6739 LAKEVIEW DRIVE  
CITY-ST-ZIP YALAHUA FL 34797

TITLE V  
NAME CAUTHEN, ROBIN A  
STREET ADDRESS 9313 SILVER LAKE DRIVE  
CITY-ST-ZIP LEESBURG FL 34748

TITLE ST  
NAME VIHLEN, TERRY M  
STREET ADDRESS 1025 SHORE ACRES  
CITY-ST-ZIP LEESBURG FL 34738

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)