

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006118 (0)**

1. Corporation Name

**LIGHTS OF LAKE, INC.**

Principal Place of Business

**212 E. MAIN STREET  
LEESBURG FL 34748**

Mailing Address

**212 E. MAIN STREET  
LEESBURG FL 34748**

3. Date Incorporated or Qualified

**10/30/1997**

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**28**  
Suite, Apt. #, etc.

23  
City & State

27  
City & State

24  
Zip

25  
Country

29  
Zip

30  
Country

6. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

8. 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

**JOHNSON, CHARLES D  
907 WEBSTER STREET  
LEESBURG FL 34748**

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 ☐ DELETE  
NAME **D HANSON, KATHERINE**  
STREET ADDRESS **P.O. BOX 490007 25715 SR 46**  
CITY-ST-ZIP **LEESBURG FL 34749-0007 Sorrento 32776**

TITLE ☐ DELETE  
NAME **D CULLEN, CARMEN**  
STREET ADDRESS **P.O. BOX 490007 212 E. Main Street**  
CITY-ST-ZIP **LEESBURG FL 34749-0007 Leesburg 34748**

TITLE ☐ DELETE  
NAME **D OTTE, TONY**  
STREET ADDRESS **P.O. BOX 490007 501 W. Meadow St.**  
CITY-ST-ZIP **LEESBURG FL 34749-0007 Leesburg 34748**

TITLE ☒ DELETE  
NAME **D BOWEN, ANN**  
STREET ADDRESS **P.O. BOX 490007 10 N. Grove St.**  
CITY-ST-ZIP **LEESBURG FL 34749-0007 Eustis 32726**

TITLE ☐ DELETE  
NAME **D THOMAS, KEN**  
STREET ADDRESS **P.O. BOX 490007 225 W. Guava St.**  
CITY-ST-ZIP **LEESBURG FL 34749-0007 LADY LAKE 32159**

TITLE ☒ DELETE  
NAME **D LITTLE, LESLIE**  
STREET ADDRESS **P.O. BOX 490007**  
CITY-ST-ZIP **LEESBURG FL 34749-0007**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D Jim Curry**  
1.3 STREET ADDRESS **P.O. Box 490007 212 E. Main Street**  
1.4 CITY-ST-ZIP **LEESBURG FL 34749-0007 Leesburg 34748**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D BOB MCKEE**  
2.3 STREET ADDRESS **P.O. Box 490007 317 W. Main St.**  
2.4 CITY-ST-ZIP **LEESBURG FL 34749-0007 Leesburg 34748**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D SPEEDY WOLFE**  
3.3 STREET ADDRESS **P.O. Box 490007 1 Westgate Plaza**  
3.4 CITY-ST-ZIP **LEESBURG, FL 34749-0007 Clearmont 34711**

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 **[Signature]** 257-365-6740

CR2E037 (1097)

**25 2/26/98**

**Dep 61.25**