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FILED  
May 11 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra S. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006282 (4)

1. Corporation Name

LAKE FANTASIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9502 RIVERVIEW DR.  
RIVERVIEW FL 33589

Mailing Address

9502 RIVERVIEW DR.  
RIVERVIEW FL 33589

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SHAHEEN, I. JOSEPH JR.  
2650 SUNTRUST FINANCIAL CENTRE  
401 EAST JACKSON ST.  
TAMPA FL 33602

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

☒ 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

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

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  
HENDERSON, GREGORY L  
STREET ADDRESS  
2601 BRUCKEN ROAD  
CITY-ST-ZIP  
VALRICO FL 33594

TITLE ☐ DELETE

NAME  
D  
COPHER, RONALD E  
STREET ADDRESS  
5015 CAUSEWAY BLVD.  
CITY-ST-ZIP  
TAMPA FL 33619

TITLE ☐ DELETE

NAME  
D  
COPHER, RICHARD O  
STREET ADDRESS  
5015 CAUSEWAY BLVD.  
CITY-ST-ZIP  
TAMPA FL 33619

TITLE ☒ DELETE

NAME  
D  
WILLIAMS, BETTY L  
STREET ADDRESS  
8512 RIVERVIEW DR.  
CITY-ST-ZIP  
RIVERVIEW FL 33589

TITLE ☒ DELETE

NAME  
D  
KING, LARRY L  
STREET ADDRESS  
2700 CRUMP ROAD  
CITY-ST-ZIP  
WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

RONALD E COPHER 4/28/98 813 247-3171

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