**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

03-06-1[illegible]90085 048 ****61.25
N98000003545

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99 OCT 18 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# DOCUMENT # N98000003545

1. Corporation Name
LAKE KISSIMMEE HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 61 LAKE KISSIMMEE MHP<br>LAKE WALES FL 33853 | 61 LAKE KISSIMMEE MHP<br>LAKE WALES FL 33853 |

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 06/17/1998

4. FEI Number: APPLIED FOR ☒ 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

RESNICK, MICHAEL L
1342 E VINE STREET
SUITE 236
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: JACKQUELYN DAVIS
82 Street Address (P.O. Box Number is Not Acceptable): LOT # 67
83: LAKE KISSIMMEE MHP
84 City: LAKE WALES FL 85 Zip Code: 33853

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: Jacquelyn Davis
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURNS, JAMES H<br>61 LAKE KISSIMMEE MHP<br>LAKE WALES FL 33853 | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | D<br>DON LANE<br>#15 LAKE KISSIMMEE MHP<br>LAKE WALES FL. 33863 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCARVER, EVAN<br>61 LAKE KISSIMMEE MHP<br>LAKE WALES FL 33853 | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | D<br>AGNES LYONS<br>[redacted] LOT 26<br>LAKE KISSIMMEE MHP<br>LAKE WALES FL 33853 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VAUGHT, JACK<br>61 LAKE KISSIMMEE MHP<br>LAKE WALES FL 33853 | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | D<br>PAT LEACH<br>21 LAKE KISSIMMEE MHP<br>LAKE WALES, FL. 33853 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURNS, MARY<br>61 LAKE KISSIMMEE MHP<br>LAKE WALES FL 33853 | ☒ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | D<br>JENNIE SHERROD<br>#32 LAKE KISSIMMEE MHP<br>LAKE WALES, FL. 33853 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EATON, CHUCK<br>1 LAKE KISSIMMEE MHP<br>LAKE WALES FL 33853 | ☒ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | D<br>JIM LYONS<br>LOT 26 LAKE KISSIMMEE MHP<br>LAKE WALES FL. 33853 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | D<br>JACKQUELYN DAVIS<br>#67 LAKE KISSIMMEE M.H.P.<br>LAKE WALES FL. 33853 ☐ Change ☒ Addition |

CR2E037 (11/98)

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 REQUI[illegible] Thomas H. Burns 10/20/99 **SP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
941-696-9382