FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400081014 (0) LEMON TREE VILLAS, INC.							\$ 100M001 ME 18111 \$10H 80H 88HH 8	I o ial Co ibi di	DOGE BARIE BRIBI	11 11: 310: 188:
Principal Place of Business Mailing Address										
200 E WASHIN Minneola fl	IGTON STREET 34755		P.O. BOX 676 MINNEOLA FL 34755					0- 5		
							3. Date Incorporated or Qualified 11/03/1994		of Last Rep 5/01/199	5
2. Principal Place	of Business	2a.	, Maling Address			,	4. FEI Number 59-3281200		L	plied For of Applicable
21		26	Suite, Apt. #, etc						\$8.75	
Suite, Apt. #, (etc.	27	State, Apr. #, etc				5. Certificate of Status Desired		Fee Re	equired
City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Z ip	Country	28]	 Zip	Cou	intry		8. This corporation has liability for in	tangible ta	ax under s. 1	99.032,
24	25	29	·	30			Florida Statutes 💢 Yes	□ No	A	
21	9. Name and Address of Curr	ent Regi	stered Agent	,			10. Name and Address of New Re	gistered	Agent	
					81	Name				
	SMOAK, CLAUDE E JR				82	Street Add	ress (P.O. Box Number is Not Acceptable	9)		
	ASHINGTON STREET				83					
MINNEO	MINNEOLA FL 34755				84	City			85 Zip	Code
					1	'	ration submits this statement for the purp ard of directors. Thereby accept the appo	FL		
SIGNATURE	agent, or boilt, if the State of a and accept the obligations of, S gentre, typed a printed region of the CERS	son and the	ा अभ्यक्ति अस्ति । इस्			E September Conjun	and when recording the state of	CERS AN	D DIRECTOR	RS IN 12
12.	PD	201427 2701 40	DELETE	1 1	TICLE				Change	Addition
NAME	BATMAN, DEBORAH S			12	NAME					
STREET ADDRESS	15647 TURKEY FARM RO	DAD		1.3	STHEE	LADDRESS				
CiTY-ST-ZiP	CLERMONT FL 34711					ST-Z:P			Change	Addition
TITLE	STD		DEVETE	- 1	HILE NAME					
NAME	BATMAN, DAVID P	DAD.			NAME STREE	LADDRESS				
STREET ADDRESS	15647 TURKEY FARM RG CLERMONT FL 34711	JAU				S1-ZP		<u> </u>		
TITLE	CLERMONT PL 34/11		DELETE		111.6		. , ,		Change	☐ Addition
NAME				3.2	NAME					
STREET ADDRESS				3.3	SIRE	ET ADDRESS				
CITY-\$1-ZIP	4					ST ZIP			Change	Addition
TITLE			DELETE) TITLE					
NAME					NAME CTUC	ET ADDRESS				
STREET ADDRESS				1		-SL ZiP				
CITY+S1-ZIP			DELETE		i Tilli				Change	Addition
TITLE					2 NAMI					
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP				5	4 CITY	\$1-200				[Addition
TITLE			☐ DELFTE	6	1 1111	E			☐ Change	Addition
NAME					2 NAM					
STREET ADDRESS				6	3 STRE	EFF ADDRESS				

SIRET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this aircus report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this aircus report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this report as required by Chapter 607, Florida Statutes: and that my name oath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, open an extension of the receiver of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of th