FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020085 (2)

LAKE NONA LAND COMPANY

Principal Place of Business	Mailing Address
-215 NORTH EOLA DRIVE-	215 NORTH EOLA DRIVE
-CRLANDO-FL-00001	ORLANDO FL 32801

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
		215 NORTH EOL					
		ORLANDO FL 32	ORLANDO FL 32801		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified		
					03/05/1996		
2 Principal P	lace of Business	2a. Mailing Addr	ess		4. FEI Number		Applied For
	ake Nona Road	26			59-3366167		Not Applicable
Suite, Apt		Suite, Apl. #,	etc.			\$8.	75 Additional
22		27			5. Certificate of Status Desired	☐ ₩0.	e Required
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5	.00 May Be
	do, Florida	28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Co	ountry	8. This corporation owes or has pai	d the current year	ar Intangible
24 3282	7 25	29	30		Personal Property Tax due June		No No
	g. Name and Address of Cu	rrent Registered Agent		T	10. Name and Address of New Re	stered Agent	
60	FF. BARRY L			81 Nan	ne		
	NORTH EOLA DRIVE			00 0	at Address (D.O. Bay Number is Not Acceptab	(a)	
	LANDO FL 32801			82 Street Address (P.O. Box Number is Not Acceptable)			
ON	LANDO PL SEGOT			83			
				84 City	•	FL 85	Zip Code
		0100 1000 Ft.	. 0	1 1	ed corporation submits this statement for the p corporation's board of directors. I hereby accep		ing its registered
SIGNATURE	Signature, typed or printed harve of registers	ed agent and title if applicable S AND DIRECTORS	(NOTE Registe		sture required when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIREC	CTORS IN 12
TITLE	DP OFFICERS	DI		TITLE	DPS	X Ch	
NAME	SILVERTON, VIVIENNE			NAME	SILVERTON, VIVIENNE		•
STREET ADDRESS	9801 LAKE NONA RD			STREET ADDRES	1		
•	ORLANDO FL			CITY-ST-ZIP	ORLANDO, FL 32827		
CITY-ST-ZIP	D	D		TITLE	ORDANDO, TE SECE.	☐ Ch:	ange Addition
NAME	THAKKAR, RASESH H	L-47 -		NAME			_
STREET ADDRESS	9801 LAKE NONA RD			STREET ADDRE	92		
••	ORLANDO FL			CITY-ST-ZIP	35		
CITY-ST-ZIP	DTV	Пр		TITLE		Chi	ange Addition
TITLE	VOSS, JEFFERSON R	٥	***	NAME			
NAME					ce		
STREET ADDRESS	9801 LAKE NONA RD			STREET ADDRE	»		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP		☐ Ch.	ange Addition
TITLE	VP	υ		TITLE		<u></u>	ango LI Muullul
NAME	EYON, R RANDOLPH JR			2 NAME			
STREET ADDRESS	9801 LAKE NONA RD			STREET ADDRE	SS		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP		☐ Ch	ange Addition
TITLE	S	[X] D		TITLE			mile T Wouldon
NAME	TURPIN, KAREN C			NAME			
STREET ADDRESS	9801 LAKE NONA RD			STREET ADDRE	SS		
CITY-ST-ZIP	ORLANDO FL	····		CITY-ST-ZIP		F-1 %;	
TITLE	·	Q 🔲	ELETE 6.1	TITLE		☐ Ch	ange 🔲 Addition
NAME			6.2	NAME			
STREET ADDRESS			6.3	STREET ADDRE	SS		
	1		6.4	CITY-ST-ZIP			
CITY-ST-ZIP							-t the intermedia

14. Thereby 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 607. Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or or an attachment with an address.

4.7.98 407.851.9091