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May 17, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000020085

1. Corporation Name

LAKE NONA LAND COMPANY

Principal Place of Business

9801 LAKE NONA ROAD  
ORLANDO FL 32827  
US

Mailing Address

215 NORTH EOLA DRIVE  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number

59-3366167

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 200 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.

27 SUITE 2300

City & State

28 ORLANDO, FL

Zip Country

29 32801 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GOTT, DANNY L~~  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

81 Name  
A.G.C. CO

82 Street Address (P.O. Box Number is Not Acceptable)  
200 SOUTH ORANGE AVENUE

83 SUITE 2300

84 City  
ORLANDO

85 Zip Code  
FL 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
SILVERTON, VIVIANNE  
9801 LAKE NONA RD  
ORLANDO FL 32827

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THAKKAR, RASESH H  
9801 LAKE NONA RD  
ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTV  
VOSS, JEFFERSON R  
9801 LAKE NONA RD  
ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LYON, R RANDOLPH JR  
9801 LAKE NONA RD  
ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addendum with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jefferson R. Voss (407) 851-9091

Date

Daytime Phone #

CR2E034 (1/98)