

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

FILED
Apr 24 1998 8:00am
Secretary of State

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # P96000020178 (5)

1. Corporation Name

LAKE NONA REAL ESTATE SERVICES, INC.

Principal Place of Business

~~215 NORTH EOLA DRIVE~~
~~ORLANDO FL 32801~~

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

59-3366121

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 9801 Lake Nona Road

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, Florida

28 City & State

24 Zip

Country

29 Zip

Country

25 32827

Country

30 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOFF, BARRY L
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP
STREET ADDRESS SILVERTON, VIVIANNE
CITY-ST-ZIP 9801 LAKE NONA RD
ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DPS
1.3 STREET ADDRESS SILVERTON, VIVIANNE
1.4 CITY-ST-ZIP 9801 LAKE NONA ROAD
ORLANDO, FL 32827

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DVT
3.3 STREET ADDRESS VOSS, JEFFERSON R
3.4 CITY-ST-ZIP 9801 LAKE NONA ROAD
ORLANDO, FL 32827

TITLE ☒ DELETE

NAME VP
STREET ADDRESS ANDERSON, ROBERT E
CITY-ST-ZIP 9801 LAKE NONA RD
ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME V
5.3 STREET ADDRESS LYON JR., RANDOLPH R.
5.4 CITY-ST-ZIP 9801 LAKE NONA ROAD
ORLANDO, FL 32827

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

JEFFERSON VOSS

4-7-98

407-851-9091

CR2E034 (10/97)