

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90041 003 ***150.00

DOCUMENT # P96000020178

1. Corporation Name

LAKE NONA REAL ESTATE SERVICES, INC.

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

59-3366121

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 200 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.

27 SUITE 2300

City & State

28 ORLANDO, FL

Zip

29 32801

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

FL

85 Zip Code
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]

Vice Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/99

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	SILVERTON, VIVIANNE	
STREET ADDRESS	9801 LAKE NONA RD	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	THAKKAR, RASESH H	
STREET ADDRESS	9801 LAKE NONA RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	VOSS, JEFFERSON R	
STREET ADDRESS	9801 LAKE NONA RD	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LYON, JR R R	
STREET ADDRESS	9801 LAKE NONA RD	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LISA RICHARDS	
5.3 STREET ADDRESS	9801 LAKE NONA ROAD	
5.4 CITY-ST-ZIP	ORLANDO FL 32827	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

[Signature] 4/25/99

Jefferson R. Voss

(407) 851-9091

CR2E034 (11/98)