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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90041 006 ***150.00

**PROFIT CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P96000020212

1. Corporation Name

LAKE NONA ESTATES I, 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

59-3366193

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** **29** **32801** **30**

2a. Mailing Address

26 **200 SOUTH ORANGE AVENUE**

27 Suite, Apt. #, etc.
SUITE 2300

28 City & State
ORLANDO, FL

29 Zip Country

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 *Jefferson R. Voss*

(NOTE: Registered Agent signature required when reinstating)

4/28/99

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **SILVERTON, VIVENNE**
STREET ADDRESS **9801 LAKE NONA RD**
CITY-ST-ZIP **ORLANDO FL 32827**

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jefferson R. Voss (407)851-9091

CR2E034 (11/98)