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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053024 (1)

LAKES ESTATES INC. OF GROVELAND

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							n vomerame und idren drere drere darie abrit bitte beite bitten titte fidtit bildt bift. indt	
1930 BRANTLEY CIRCLE 1830 BRANTLEY CIRCLE CLERMONT FL 34711-2970 CLERMONT FL 34711-297								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
4 5			- p- <u>-</u>	·				06/21/1996
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
Suite And # ole				26				59-3397262 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, 27								6. Certificate of Status Desired S8.75 Additional
City & State				City & State				Fee Required
23				28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	—, `			Zip Country			/	8. This corporation owes or has paid the current year Intangible
24					30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent
CA'	taldo, cef	AILLI				81	Name .	
1930 BRANTLEY CIRCLE						82	Street Addr	dress (P.O. Box Number is Not Acceptable)
CLE	ermont fl	34711-2970				_		
						83		
						84	City	85 Zip Code
44 Purcusal I	to the exculeio	one of Sections 607.0503	and C	07 1500 Florida Ctat.				FL S 25 0000
office or re agent. I as	egistered age m familiar with	int, or both, in the State on, and accept the obligat	and 6 If Florid ions of	da. Such change was J. Section 607.0505, Fl	tes, tne authoriz lorida St	abov ed by atute:	e-named corp y the corporat s.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE								
	Signatura, typed o	printed name of registered agent					ent aignature requir	ired when reinstating) DATE
12. TITLE	PST	OFFICERS AND	DIREC	DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		CADI		TT OFFE		TITLE		☐ Change ☐ Addition
STREET ADDRESS	CERILLI,	UNTLEY CIRCLE				NAME		
CITY-ST-ZIP		ONT FL 34711-2970					ADDRESS	
TITLE	VP	7111 IL 941 11 201 V		DELETE		CITY-S TITLE	01-ZIP	☐ Change ☐ Addition
NAME		R, FREDERICK K				NAME		Unange D Addition
STREET ADDRESS	600 S. M.	•					ADDRESS	
CITY-ST-ZIP		A FL 32755			1	CITY-		
TITLE				☐ DELETE	_	TITLE		Change Addition
NAME					3.2 (NAME		, ,
STREET ADDRESS					3.3 \$	STREET	ADDRESS	
CITY-ST-ZIP		1			3.4.	CITY - S	ST-ZIP	
TITLE			_	DELETE	4.13	TITLE		Change Addition
NAME					4.2	NAME		
STREET ADDRESS					4.3 \$	STREET	ADDRESS	Į
CITY-ST-ZIP					_	CITY-S	T-ZIP	
TITLE				☐ DELETE	- 1	TITLE		☐ Change ☐ Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				DELETE		CITY-S	T-ZIP	
TITLE				☐ DELETE		ITLE		☐ Change ☐ Addition
NAME STREET ADDRESS						NAME		
STREET ADDRESS						STREET	ADDRESS	
WITE SI- /IP					E 847	MIV C	r_ /ID 1	

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 on an attachment with an address.

SIGNATURE: