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

PROFIT CORPORATION ANNUAL REPORT

1999 Amended

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

FILED
99 SEP 24 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name

LAKE EMMA DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1101 N. Lake Destiny Dr. Suite 400 Maitland,. FL 32751	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1997

2. Principal Place of Business	2a. Mailing Address
1 27603 SR 46 (Suite, Apt. #, etc.)	26 (Suite, Apt. #, etc.)
2	27
23 Sorrento, FL (City & State)	28 (City & State)
4 32776 (Zip) 25 (Country)	29 (Zip) 30 (Country)

4. FEI Number: 59-353818 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Fred Delguidice 1101 N. Lake Destiny Drive Suite 400 Maitland, FL 32751	81 Name: William R. Lowman, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 315 E. Robinson Street 83 84 City: Suite 600 Orlando, FL 85 Zip Code: 32801

11. Pursuant to the provisions of Section(s) 607.0505 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] 9/23/99
Signature, typed or printed name of registered agent and title if applicable — DATE
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.S.D. Fred Delguidice 1101 N. Lake Destiny Dr.,Ste.400 Maitland, FL 32751 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P.D. Catherine Hanson 27603 SR 46 Sorrento, FL 32776 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Margaret C. Cammack 27603 SR 46 Sorrento, FL 32776 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T.D. Owen T. Cammack 2540 Fort Lane Rd. Geneva, FL 32732 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S.D. Frances C. Nipe 5800 S.W. 37th Ave. Ft. Lauderdale, FL 33312 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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 added on an attachment with an address with all other like empowered.

SIGNATURE: Catherine C Hanson, Pres. September 23, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

352-383-3772