

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90027 009 ****61.25

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DOCUMENT # 723195

1. Entity Name

LAKES VILLAGE EAST CONDOMINIUM, INC

Principal Place of Business

1320 S.E. 25TH LOOP #101
 Ocala FL 34474
 US

Mailing Address

PO BOX 2495
 OCLA FL 34478
 US

D0007242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1442026**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAY, JAMES E
1320 S.E. 25TH LOOP #101
OCALA FL 34474

7. Name and Address of New Registered Agent

Name
Ken Kirkpatrick
 Street Address (P.O. Box Number is Not Acceptable)
1320 S.E. 25th Loop, Suite 101
 City **Ocala** **FL** Zip Code **34471**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCOTTON, JOHN B	
STREET ADDRESS	660A MIDWAY DR.	
CITY-ST-ZIP	OCALA FL	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	TIPPITT, CHARLES	
STREET ADDRESS	632A S.E. MIDWAY DR.	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, JOHN	
STREET ADDRESS	654A MIDWAY DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, JANE	
STREET ADDRESS	646 A MIDWAY DR.	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIGAN, DOROTHY	
STREET ADDRESS	674 B MIDWAY DR.	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoag, Annette	
STREET ADDRESS	622A Midway Dr.	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Picard, Lou	
STREET ADDRESS	652B Midway Dr.	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

352/369-9881

Date Daytime Phone #

CR2E037 (10/00)