

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90023 049 ****61.25

0022794

DOCUMENT # 727040

1. Entity Name

LAKES AREA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1503 E. CROOKED LAKE DRIVE
 EUSTIS FL 32726

1503 E. CROOKED LAKE DRIVE
 EUSTIS FL 32726

935206



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

23-7362672

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

7. Name and Address of New Registered Agent

GERMAIN, MARK F
LAKE LAW CENTER
PO BOX 491615, 1410 EMERSON ST
LEESBURG FL 34749

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mark F. Germain

3-19-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD ERICKSON, ROBERT A	<input type="checkbox"/> Delete
STREET ADDRESS	1503 E. CROOKED LAKE DR	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE NAME	D CONOVER, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	16943 OLD MT. DORA RD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE NAME	VPD PATROWICZ, TULLY	<input type="checkbox"/> Delete
STREET ADDRESS	1700 COUNTRY CLUB RD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE NAME	SD LEWIS, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	1707 E CROOKED LAKE DR	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE NAME	TD GRAY, RUTH	<input type="checkbox"/> Delete
STREET ADDRESS	33325 E LAKE JOHANNA	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE NAME	D MUTTON, MARGERIE	<input type="checkbox"/> Delete
STREET ADDRESS	2850 E. CROOKED LAKE DR	
CITY-ST-ZIP	EUSTIS FL 32726	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 authority like empowered.

SIGNATURE:

Robert A. Erickson 2-20-01 357-8188 (352)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)