

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90323 038 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7362672

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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 **PD** Delete
 NAME **ERICKSON, ROBERT A**
 STREET ADDRESS **1503 E. CROOKED LAKE DR**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CONOVER, CHARLES**
 STREET ADDRESS **16943 OLD MT. DORA RD**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **PATROWICZ, TULLY**
 STREET ADDRESS **1700 COUNTRY CLUB RD**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **LEWIS, WALTER**
 STREET ADDRESS **1707 E CROOKED LAKE DR**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GRAY, RUTH**
 STREET ADDRESS **33325 E LAKE JOHANNA**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MUTTON, MARGERIE**
 STREET ADDRESS **2850 E. CROOKED LAKE DR**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change 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 empowerments.

SIGNATURE:

Robert A. Erickson
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/02

Date

(352) 357-8128

Daytime Phone #

CR2E037 (9/01)