


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90098 002 ****61.25

DOCUMENT # 727040

1. Entity Name
LAKES AREA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1503 E. CROOKED LAKE DRIVE
EUSTIS FL 32726**

Mailing Address
**1503 E. CROOKED LAKE DRIVE
EUSTIS FL 32726**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **23-7362672**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark F. Germain DATE 6-2-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input 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	
TITLE	<input 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	
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 from all other like empowered.

SIGNATURE: Robert A. Erickson DATE: 5-27-03 (352) 857-8121

CR2E037 (10/02)