

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90191 033 ****61.25

0057657

DOCUMENT # 753041

1. Entity Name

ACACIA LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1326 BLUEWATER DR
 PO BOX 5745
 SUN CITY CENTER FL 33573
 US

1326 BLUEWATER DR
 PO BOX 5745
 SUN CITY CENTER FL 33573
 US

00023100



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

59-2025750

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

WILSON, LOU ELLEN
526 MANATEE DRIVE
RUSKIN FL 33570

Name

Lou Ellen Wilson

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

409 E. College Ave.

City

Ruskin

FL

33570

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 NAME Delete
D WEATHERBEE, POLLY
 STREET ADDRESS **1012 DEL WEBB EAST**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE NAME Change Addition
D Bruce Korver
 STREET ADDRESS **102 Silverbell Court**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE NAME Delete
D GRAHAM, ERNEST
 STREET ADDRESS **1208 WILDFEATHER LANE**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE NAME Change Addition
/D Marvin Lent
 STREET ADDRESS **1108 E. Del Webb Blvd.**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE NAME Delete
T GOEBEL, OLIVER
 STREET ADDRESS **1317 BLUEWATER DR**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE NAME Change Addition

TITLE NAME Delete
D BALISTRERI, AUGUST
 STREET ADDRESS **1211 WILDFEATHER LN**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE NAME Change Addition

TITLE NAME Delete
D CHRISTENSEN, MARTHA
 STREET ADDRESS **1310 BLUEWATER DR**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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:

Oliver Goebel
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

813645-1529

Daytime Phone #

CR2E037 (10/00)