

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 015 ****61.25

DOCUMENT # 767819

1. Entity Name

LAKE PINELOCH VILLAGE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

**% P & R HOUSING MANAGEMENT
 P.O. BOX 568846
 ORLANDO FL 32856-5846**

**% P & R HOUSING MANAGEMENT
 P.O. BOX 568846
 ORLANDO FL 32856-8846**

052783



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

59-2397637

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

**JOHNSON, PAMELA R.
 87 W MICHIGAN ST
 ORLANDO FL 32806**

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	V	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, RICHARD	
STREET ADDRESS	1251 LAKE WILLISARA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLINGHAM, JAMES	
STREET ADDRESS	2900 MONACO CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSIELAK, VICTOR	
STREET ADDRESS	1302 LAKE WILLISARA CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KABOOL, DON	
STREET ADDRESS	2912 LAKE PINE LOCH	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUCHAMP, POLLY	
STREET ADDRESS	2933 MONACO COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEQUIST, CHARLES	
STREET ADDRESS	4318 TRENTONIAN COURT	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tommy Borouqs	
STREET ADDRESS	404 St. Tropez Circle	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<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	Stewart Shaeffer	
STREET ADDRESS	1313 Lake Willisara	
CITY-ST-ZIP	Orlando, Florida 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugh Lokey	
STREET ADDRESS	1219 St. Tropez Circle	
CITY-ST-ZIP	Orlando, FL 32806	

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: *James Willingham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4-20-00
 Date

Daytime Phone #

CE05007 (01/00)