

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 25, 2001 8:00 am
Secretary of State

03-01-2001 91332 016 ****61.25

DOCUMENT # 767819

1. Entry Name

LAKE PINELOCH VILLAGE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

% P & R HOUSING MANAGEMENT
P.O. BOX 568946
ORLANDO FL 32856-5846

% P & R HOUSING MANAGEMENT
P.O. BOX 568946
ORLANDO FL 32856-5846

39644



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

WILLIAM COLEMAN
2942 LAKE PINELOCH BLVD
ORLANDO FL 32806

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

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

William Coleman

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 checked="" type="checkbox"/> Delete
NAME	MUSIELAT, 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	2833 MONACO COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOEQUIST, CHARLES	
STREET ADDRESS	4318 TRENTONIAN COURT	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	High Lokel	
STREET ADDRESS	1210 St. Thomas Circle	
CITY-ST-ZIP	Orlando, Florida	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Showalter	
STREET ADDRESS	1313 Lake Willisara Circle	
CITY-ST-ZIP	Orlando, Florida	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tommy Borzoughs	
STREET ADDRESS	1212 St. Thomas Circle	
CITY-ST-ZIP	Orlando Florida	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA ERW	
STREET ADDRESS	1124 LAKE WILLISARA Circle	
CITY-ST-ZIP	ORLANDO, Florida	
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)(f), 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:

James E. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 15, 2001

CR2007 (10/00)