

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # N05137

1. Entity Name

THE PROPERTY OWNERS ASSOCIATION OF LAKE PARKER ESTATES

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-26-2000 90025 012 ****61.25

Principal Place of Business 2915 SR 590 SUITE #21 CLEARWATER FL 33759 US	Mailing Address 2915 SR 590 SUITE #21 CLEARWATER FL 33759 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2927270

Applied For

Not Applicable

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

QUEEN, GARY F
 2915 SR 590, SUITE 21
 CLEARWATER FL 33759

Name

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

City

FL

Zip Code
33759

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	<input type="checkbox"/> Delete
NAME	QUEEN, GARY F	
STREET ADDRESS	2915 SR 590, SUITE 21	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSD	<input type="checkbox"/> Delete
NAME	BUCKNER, WILLIAM	
STREET ADDRESS	2915 SR 590, SUITE 21	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ADAMO, TOM	<input checked="" type="checkbox"/> Delete
NAME	ADAMO, TOM	
STREET ADDRESS	1507 LAKE PARKER DR.	
CITY-ST-ZIP	ODESSA FL 33556	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Sinkey	
STREET ADDRESS	1442 Lake Parker Drive	
CITY-ST-ZIP	Odessa, FL 33556	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED** Queen, President

2/18/00

(727)

796-7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)