

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30884

1. Entity Name

LAKEFIELD NORTH AT WELLINGTON HOMEOWNERS ASSOCIA

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

01-28-2000 90073 021 ****61.25

Principal Place of Business

Mailing Address

12785-C FOREST HILL BLVD.
 WELLINGTON FL 33414
 US

12785-C FOREST HILL BLVD.
 WELLINGTON FL 33414-4777
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0242589

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLITZKY, EARL K
 C/O WELLINGTON MANAGEMENT, INC.
 12785-C FOREST HILL BOULEVARD
 WELLINGTON FL 33414

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: **D** Delete
 NAME: **STUART, GILBERT**
 STREET ADDRESS: **1868 SOUTH CLUB DRIVE**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: **SD** Change Addition
 NAME: **Brownlee, Thomas**
 STREET ADDRESS: **1532 South Club Dr.**
 CITY-ST-ZIP: **Wellington, FL 33414**

TITLE: **P** Delete
 NAME: **JOHNSON, WALTER**
 STREET ADDRESS: **1797 SOUTH CLUB DRIVE**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: **D** Change Addition
 NAME: **Carmel, Gary**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TD** Delete
 NAME: **GILBERG, BERNARD**
 STREET ADDRESS: **1538 SOUTH CLUB DRIVE**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: **D** Change Addition
 NAME: **Day, Tammy**
 STREET ADDRESS: **1497 South Club Dr.**
 CITY-ST-ZIP: **Wellington, FL 33414**

TITLE: **SD** Delete
 NAME: **HAAS, MARVIN**
 STREET ADDRESS: **1610 SOUTH CLUB DRIVE**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: **D** Change Addition
 NAME: **Petroglia, Donna**
 STREET ADDRESS: **1502 South Club Dr.**
 CITY-ST-ZIP: **Wellington, FL 33414**

TITLE: **VP** Delete
 NAME: **CARMEL, GARY**
 STREET ADDRESS: **1832 SOUTH CLUB DRIVE**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **NEBB, SAM**
 STREET ADDRESS: **1844 SOUTH CLUB DRIVE**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 2000 541-798-8195
 Date Daytime Phone #

CR2E037 (9/99)