

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-25-2001 90294 018 ****61.25

DOCUMENT # N30884

1. Entity Name
 Lakefield North at Wellington
 Homeowners Association Inc.

Principal Place of Business Mailing Address
 12785-C Forest Hill Blvd. SAME
 Wellington, FL. 33414

60070433

2. Principal Place of Business 3. Mailing Address
 12785-C Forest Hill Blvd. 12785-C Forest Hill Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Wellington, FL. City & State Wellington, FL
 Zip 33414 Country USA Zip 33414 Country USA
 4. FEI Number 650242589 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Earl Olitzky
 12785-C Forest Hill Blvd.
 Wellington, FL. 33414

7. Name and Address of New Registered Agent
 Name Mark T. Hoffman
 Street Address (P.O. Box Number is Not Acceptable)
 12785-C Forest Hill Blvd.
 City Wellington FL Zip Code 33414

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 Mark Hoffman Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent Signature required when reinstating)
 DATE 5.14.01

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State
 FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas, Brownee SD. <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carmel, Gary D. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Petroglia, Donna D. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carmel, Gary V.P. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Young 1598 S. Club Dr. Wellington, FL 33414 (President) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale Hesser 1634 S. Club Dr. Wellington, FL. 33414 (V.P.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marvin Haas 1610 S. Club Dr. Wellington, FL 33414 (Sec.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sam Nebb 1844 S. Club Dr. Wellington, FL. 33414 (D.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter Johnson 1797 S. Club Dr. Wellington, FL 33414 (D.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Durkin 1646 S. Club Dr. Wellington, FL 33414 (D.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Richard Young Signature and Typed or Printed Name of Signing Officer or Director
 Date 5/21/01 Daytime Phone # 753-6238

CR2E037 (11/00)