# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 14, 2000 8:00 am**
**Secretary of State**
01-14-2000 90008 048 ****61.25

DOCUMENT # N32773

1. Entity Name

LAKE MARIAM HILLS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 111 LAKE MARIAM WAY<br>WINTER HAVEN FL 33884<br>US | POST OFFICE BOX 7374<br>WINTER HAVEN FL 33883-7374<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3015519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

COFER, GARY T
111 LAKE MARIAM WAY
WINTER HAVEN FL 33884

**7. Name and Address of New Registered Agent**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HARDY, FRANK B<br>115 LAKE MARIAM WAY<br>WINTER HAVEN FL 33884 | ☒ Delete | PD<br>JEBB, JON<br>108 LAKE MARIAM WAY<br>WINTER HAVEN, FL 33884 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>WATTS, LEONARD<br>150 MARIAM COURT<br>WINTER HAVEN FL 33884 | ☒ Delete | VPD<br>KRAYBERGER, NATE<br>328 LAKE MARIAM BLVD<br>WINTER HAVEN, FL 33884 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>COFER, GARY T<br>111 LAKE MARIAM WAY<br>WINTER HAVEN FL 33884 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>VANLERBERG, CARMA<br>109 LAKE MARIAM WAY<br>WINTET HAVEN FL 33884 | ☒ Delete | SD<br>JACKSON, TRACY<br>102 HILLS CT<br>WINTER HAVEN, FL 33884 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Gary T Cofer GARY T. COFER JAN 6, 2000 863-326-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #