

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90023 031 ****61.25

DOCUMENT # N36052

1. Entity Name

LAKEWOOD PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7508 JENNINGS WAY
 FT PIERCE FL 34951-2118

7508 JENNINGS WAY
 FT PIERCE FL 34951-2118

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

59-6152228

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

CLARK, ROBERT C
1601 20TH STREET
VERO BEACH FL 32960

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

Robert C. Clark, President

1/12/02

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 ☒ Delete
 NAME **P**
 STREET ADDRESS **HOLCOMB, JAMES L**
 CITY-ST-ZIP **8602 DELAND AVENUE**
FT. PIERCE FL 34951

TITLE ☐ Change ☐ Addition
 NAME **CLARK, ROBERT C.**
 STREET ADDRESS **6012 DEBORAH WAY**
 CITY-ST-ZIP **FT. PIERCE, FL 34951**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **CLARK, ROBERT C**
 CITY-ST-ZIP **6012 DEBORAH WAY**
FORT PIERCE FL 34951

TITLE ☐ Change ☐ Addition
 NAME **VP**
 STREET ADDRESS **CHARLENE GRADY**
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **PERAGINE, TONY**
 CITY-ST-ZIP **8106 COQUINA AVENUE**
FT PIERCE FL 34951

TITLE ☐ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **IRENE FITZ PATRICK**
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **MARTIN, WAYNE**
 CITY-ST-ZIP **7904 HOLOPAW**
FORT PIERCE FL 34951

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **DOLORES WORTH**
 CITY-ST-ZIP **7602 SALERNO RD**
FT. PIERCE, FL 34951

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **JONES, EARL**
 CITY-ST-ZIP **6008 HULDA DRIVE**
FT. PIERCE FL 34951

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **PATRICIA WILLIAMS**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WORTH, DOLORES**
 CITY-ST-ZIP **7602 SALERNO RD.**
FORT PIERCE FL 34951

TITLE ☒ Change ☐ Addition
 NAME **PEARL JONES**
 STREET ADDRESS **6008 HULDA DRIVE**
 CITY-ST-ZIP **FT. PIERCE, FL 34951**
RESIGNED

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:

Dolores Worth Treasurer/Office 1/12/02 561-464-9377
 Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)