

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39302

1. Entity Name

ROUND LAKE ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90237 047 ****61.25

Principal Place of Business

17326 LINDA VISTA CIRCLE
LUTZ FL 33549

Mailing Address

17326 LINDA VISTA CIRCLE
LUTZ FL 33549-4706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

17316 Linda Vista circle

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33549

Country

4. FEI Number

59-3011589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHATZEL, ROGER
17316 LINDA VISTA CIRCLE
LUTZ FL 33549

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHATZEL, ROGER	
STREET ADDRESS	17316 LINDA VISTA CIR	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACY, RUSS	
STREET ADDRESS	17324 LINDA VISTA CIR	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAME, WOODY	
STREET ADDRESS	17328 LINDA VISTA CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINMETZ, RICHARD A	
STREET ADDRESS	3701 BERGER RD	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEPAULA, CARMEN	
STREET ADDRESS	3820 LITTLE ROAD	
CITY-ST-ZIP	LUTZ FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HASKEW, ALAN	
STREET ADDRESS	17312 LINDA VISTA CIR	
CITY-ST-ZIP	LUTZ FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah K. Farnel	
STREET ADDRESS	17316 Linda Vista Cir	
CITY-ST-ZIP	Lutz FL 33549	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Regenhardt	
STREET ADDRESS	3715 Berger Rd	
CITY-ST-ZIP	Lutz FL 33549	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUDREY HASKEW	
STREET ADDRESS	17312 LINDA VISTA CIR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/00

813-962-7182

CR2E037 (9/99)