

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44056

1. Entity Name

INDIAN LAKES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 272601
TAMPA FL 33688-2601

P.O. BOX 272601
TAMPA FL 33688-2601

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

62-1481957

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

BRINSKO, TIM
13538 BELLINGHAM DRIVE
TAMPA FL 33625

Name: SCHOPKE PATRICIA

Street Address (P.O. Box Number is Not Acceptable)

13548 Bellingham Dr.

City TAMP

FL

Zip Code 33625

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 DP
NAME DRISCOLL, HEATHER
STREET ADDRESS 13546 BELLINGHAM DR
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE DV
NAME LIGHTHALL, SUSAN
STREET ADDRESS 13525 BELLINGHAM DR.
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE DTDS
NAME BRINSKO, TIM
STREET ADDRESS 13538 BELLINGHAM DR
CITY-ST-ZIP TAMPA FL 33625 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE DTDS
NAME SCHOPKE, PATRICIA
STREET ADDRESS 13548 Bellingham Dr.
CITY-ST-ZIP Tampa, FL 33625 ☐ Change ☒ Addition

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90065 036 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)