

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90133 011 ****61.25

DOCUMENT # N93000003345

1. Entity Name

LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4980 LAKE PIERCE DRIVE
 LAKE WALES FL 33853**

**4980 LAKE PIERCE DRIVE
 LAKE WALES FL 33853-8883**

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 **59-3211355**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PITTS, THEODORE
 4980 LAKE PIERCE DRIVE
 LAKE WALES FL 33853**

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	D	<input type="checkbox"/> Delete
NAME	CRISSMAN, SAM	
STREET ADDRESS	2740 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACCALLUM, DUNCAN	
STREET ADDRESS	5040 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REEVES, DA/E	
STREET ADDRESS	4979 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PITTS, THEODORE	
STREET ADDRESS	4980 LAKE PIERCE DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FALKENHOFF, JACK	
STREET ADDRESS	5063 LAKE PIERCE DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES DA/E	
STREET ADDRESS	4979 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALKENHOFF, JACK	
STREET ADDRESS	5063 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS HELEN	
STREET ADDRESS	5060 LAKE PIERCE DR	
CITY-ST-ZIP	LAKE WALES, FL 33853	

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: *Theodore R. Pitts* **JAN 25, 2000** *941-4396541*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #