NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90108 023 ****61.25

DOCUMENT # N95000004768

1. Entity Name
FRESHWATER LAKES HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CITY HALL, 200 2nd ST.	200 2nd STREET
Suite, Apt. #, etc.: CRA OFFICE, 5th FL.	Suite, Apt. #, etc.: CRA OFFICE, 5th FL
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country: PALM BEACH	Zip: 33401 Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1129693 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TERESA McCLURG

Street Address (P.O. Box Number is Not Acceptable): 200 2nd STREET

City: WEST PALM BEACH FL Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT/DIRECTOR JOHN R. ZAKIAN 200 2nd ST. WEST PALM BEACH, FL 33401	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: TREASURER/DIRECTOR SHARON K. JACKSON 200 2nd ST. WEST PALM BEACH, FL 33401	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: SECRETARY/DIRECTOR TERESA McMCLURG 200 2nd ST. WEST PALM BEACH, FL 33401	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: **DO NOT WRITE IN THIS SPACE**
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOHN R. ZAKIAN (561)835-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #