

**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 CITY HALL, 200 2nd ST. Suite, Apt. #, etc. CRA OFFICE, 5th FL. City & State WEST PALM BEACH, FL Zip 33401		3. Mailing Address 200 2nd STREET Suite, Apt. #, etc. CRA OFFICE, 5th FL. City & State WEST PALM BEACH, FL Zip 33401	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

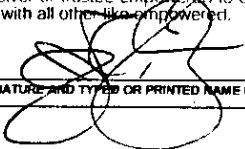
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**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 TREASURER/DIRECTOR SHARON K. JACKSON 200 2nd ST. WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP SECRETARY/DIRECTOR TERESA McCLURG 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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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 #

CR2E037B (12/01)