

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000000111-**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**LAKE CAWOOD ESTATES  
HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**LAKE CAWOOD EST'S HOA SAME  
% RICHARD A. ELLIOTT, PRES.**

2. Principal Place of Business Mailing Address  
**13519 LAKE CAWOOD DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SAME**

City & State City & State  
**WINDERMERE FL**  
Zip Country Zip Country  
**34786 USA**

4. FEI Number Applied For  
**59-3418333** 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  
**THOMAS A LEAHY  
P.O. Box 1975  
WINDERMERE, FL  
34786**

7. Name and Address of New Registered Agent  
Name **RICHARD A. ELLIOTT**  
Street Address (P.O. Box Number is Not Acceptable)  
**13519 LAKE CAWOOD DR**  
City **WINDERMERE FL** Zip Code **34786**

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 **Richard A. Elliott, Pres-HOA**  
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	<b>PRES, SEC'Y &amp; TREASURER</b> <input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS A. LEAHY</b>
STREET ADDRESS	<b>P.O. Box 1975</b>
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>
TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DALE D. HUNT</b>
STREET ADDRESS	<b>507 MAIN ST.</b>
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>
TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BEN DILLARD</b>
STREET ADDRESS	<b>507 MAIN ST.</b>
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PRESIDENT &amp; DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD A. ELLIOTT</b>
STREET ADDRESS	<b>13519 LAKE CAWOOD DR</b>
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>
TITLE	<b>VICE PRES. &amp; DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSE A. MAJENT JR.</b>
STREET ADDRESS	<b>12179 S. APOPKA VINELAND RD -#527</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32836</b>
TITLE	<b>SEC'Y - TREAS &amp; DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANITA D. ELLIOTT</b>
STREET ADDRESS	<b>13519 LAKE CAWOOD ESTATES</b>
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT GRZYCH</b>
STREET ADDRESS	<b>1477 W. FAIRBANKS AVE. - STE 200</b>
CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
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: **Richard A. Elliott Pres & Dir.** 5-29-2000 (407)397-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)