

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90111 009 ****61.25

DOCUMENT # N96000000111

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

Principal Place of Business 13519 LAKE CAWOOD DRIVE WINDERMERE FL 34786	Mailing Address 13519 LAKE CAWOOD DRIVE WINDERMERE FL 34786
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3418333	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELLIOTT, RICHARD A
13519 LAKE CAWOOD DRIVE
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

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 **1-08-01**
 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 PD	NAME ELLIOTT, RICHARD A	<input type="checkbox"/> Delete
STREET ADDRESS 13519 LAKE CAWOOD DRIVE	CITY-ST-ZIP WINDERMERE FL 34786	
TITLE VD	NAME MANENT, JOSE A JR.	<input type="checkbox"/> Delete
STREET ADDRESS 12179 S. APOPKA VINELAND RD., #527	CITY-ST-ZIP ORLANDO FL 32836	
TITLE STD	NAME ELLIOTT, ANITA D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 13519 LAKE CAWOOD DRIVE	CITY-ST-ZIP WINDERMERE FL 34786	
TITLE D	NAME GRYZICH, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS 1477 W. FAIRBANKS AVE., STE. 200	CITY-ST-ZIP WINTER PARK FL 32789	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD	NAME Dowling, Linda J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13604 Lake Caewood Dr.	CITY-ST-ZIP Windermere, FL 34786	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **1-08-01 (407) 397-1600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)