


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90172 038 \*\*\*\*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**

2. Principal Place of Business  
**13725 Lake Caswood**  
Suite, Apt. #, etc. **Dr**

3. Mailing Address  
**13725 LAKE CAWOOD DR**  
Suite, Apt. #, etc.

City & State  
**WINDERMERE FL**

City & State  
**WINDERMERE FL**

Zip  
**34786**

Country  
**ORANGE**

Zip  
**34786**

Country  
**ORANGE**

4. FEI Number **59-3418333**

Applied For  
 Not Applicable

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 **Thomas B. Symonette**

Street Address (P.O. Box Number is Not Acceptable)  
**13725 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. I am familiar with, and accept the obligations of registered agent.

**THOMAS B. SYMONETTE**

SIGNATURE *Thomas B. Symonette* **1/21/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ELLIOTT, RICHARD A</b>	
STREET ADDRESS <b>13519 LAKE CAWOOD DRIVE</b>	
CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DOWLING, LINDA J</b>	
STREET ADDRESS <b>13604 LAKE CAWOOD DR</b>	
CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BOMLENY, ANN</b>	
STREET ADDRESS <b>13628 LAKE CAWOOD DRIVE</b>	
CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>SYMONETTE, THOMAS B</b>	
STREET ADDRESS <b>13725 LAKE CAWOOD DR</b>	
CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>SNELL, TRACY</b>	
STREET ADDRESS <b>13629 LAKE CAWOOD DR</b>	
CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TRACY SNELL</b>	
STREET ADDRESS <b>13629 LAKE CAWOOD DR</b>	
CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GLEENA GIBBONS</b>	
STREET ADDRESS <b>13627 LAKE CAWOOD DR</b>	
CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> Addition
NAME <b>EDWARD PEARSON</b>	
STREET ADDRESS <b>13741 LAKE CAWOOD DR</b>	
CITY-ST-ZIP <b>WINDERMERE, FL 34786</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: *Thomas B. Symonette* **THOMAS B. SYMONETTE** **TRAC** **1/21/03**

CR2E037 (10/02)