

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90089 002 ****61.25

DOCUMENT # N97000000275

1. Entity Name

LAKE CRESCENT PINES EAST HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

2909 W. STATE ROAD 434
 SUITE 121-131
 LONGWOOD FL 32779

PO BOX 121680
 CLERMONT FL 34712-1680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3426910

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRCHHOFER, WILLIAM
100739 CRESCENDO LOOP
CLERMONT FL 34711

Name **Mary Hoefling**
 Street Address (P.O. Box Number is Not Acceptable)
10809 Crescendo Loop
 City **Clermont** FL Zip Code **34711**

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

Mary K. Hoefling

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCLAIN, ROBERT	
STREET ADDRESS	PO BOX 121600	
CITY-ST-ZIP	CLERMONT FL 34712-1680	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	KIRSHOFER, WILLIAM	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESEN, WILLIAM	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELM, HELENA	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOVOTNY, CHRISTINA M	
STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGENSON, CRAIG	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Olson	
STREET ADDRESS	10743 Aria Court	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Hoefling	
STREET ADDRESS	10809 Crescendo Loop	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jenny Warren	
STREET ADDRESS	10751 Crescendo Loop	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helena Lyons	
STREET ADDRESS	10741 Siena Dr	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Caprianni	
STREET ADDRESS	10707 Aria Court	
CITY-ST-ZIP	Clermont, FL 34711	
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:

Mary K. Hoefling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-14-00

Daytime Phone #

CR2E037 (5/00)