

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90039 039 \*\*\*\*61.25  
 09-02-2002 90146 028 \*\*\*\*61.25

**DOCUMENT # N98000004586**

1. Entity Name

**ESTATES AT LAKE VIEW PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~24301 WALDEN CENTER DR.  
 STE-300  
 BONITA SPRINGS FL 34134~~

~~24301 WALDEN CENTER DR.  
 STE-300  
 BONITA SPRINGS FL 34134~~

2. Principal Place of Business

3. Mailing Address

*409 E. College Ave*

*P.O. Box 1058*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Ruskin, FL*

City & State

*Ruskin, FL*

4. FEI Number

**59-3537503**

Applied For

Not Applicable

Zip

*33570*

Country

Zip

*33575*

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HASTINGS, VIVIAN N  
 24301 WALDEN CENTER DRIVE  
 BONITA SPRINGS FL 34134~~

*Low*

Name

*Low Ellen Wilson*

Street Address (P.O. Box Number is Not Acceptable)

*409 E. College Avenue*

City

*Ruskin*

FL

Zip Code

*33570*

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.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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	BEYER, R C JR	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, GARY	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAHONEY, JEREMIAH J	
STREET ADDRESS	1136 SIGNATURE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>O/P</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>CARL SIMON</i>	
STREET ADDRESS	<i>1116 SIGNATURE DR.</i>	
CITY-ST-ZIP	<i>SUN CITY CENTER, FL. 33573</i>	
TITLE	<i>O/V P</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>ROBERT WINTERS</i>	
STREET ADDRESS	<i>1127 SIGNATURE DR.</i>	
CITY-ST-ZIP	<i>SUN CITY CENTER, FL. 33570</i>	
TITLE	<i>O/S</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>O/T</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>VICTORIA LINN</i>	
STREET ADDRESS	<i>1116 SIGNATURE DR.</i>	
CITY-ST-ZIP	<i>SUN CITY CENTER, FL. 33570</i>	
TITLE	<i>O</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>KAREN SIMON</i>	
STREET ADDRESS	<i>1116 SIGNATURE DR.</i>	
CITY-ST-ZIP	<i>SUN CITY CENTER, FL. 33570</i>	
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: *[Signature]* **REQUIRED**

*8/26/02 813-645-1069*

CR2E037 (4/02)