

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90101 046 ****61.25

DOCUMENT # N98000004785

1. Entity Name

LAKES LARGO'S HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**12 NEWPORT DR.
 CRESTVIEW FL 32539**

**12 NEWPORT DR.
 CRESTVIEW FL 32539**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3381740

Applied For

Not Applicable

Zip

Country

Zip

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

**WADE, CHARLES A ESQ.
 14 DEL CERRO CAMINO
 P.O. BOX 785 (MAILING)
 CRESTVIEW FL 32539**

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

Vondell Bergschneider

04-12-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **MCGLAMERY, JIM**
 STREET ADDRESS **12 NEWPORT DR.**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **P** ☒ Change ☐ Addition
 NAME **Kreowski, Wolfgang**
 STREET ADDRESS **61 Del Cerro Camino**
 CITY-ST-ZIP **Crestview, Florida 32539**

TITLE **VP** ☐ Delete
 NAME **WADE, CHARLES A ESQ.**
 STREET ADDRESS **14 DEL CERRO CAMINO**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Bergschneider, Vondell**
 STREET ADDRESS **16 Del Cerro Camino**
 CITY-ST-ZIP **Crestview, Florida 32539**

TITLE **ST** ☐ Delete
 NAME **COWAN, LINDA**
 STREET ADDRESS **14 NEWPORT DR.**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **ST** ☐ Change ☐ Addition
 NAME **Cowan, Linda**
 STREET ADDRESS **14 Newport Drive**
 CITY-ST-ZIP **Crestview, Florida 32539**

TITLE **D** ☐ Delete
 NAME **TEAS, BOYCE REV.**
 STREET ADDRESS **12 DEL CERRO CAMINO**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ Change ☐ Addition
 NAME **TEAS, Boyce Rev.**
 STREET ADDRESS **12 Del Cerro Camino**
 CITY-ST-ZIP **Crestview, Florida 32539**

TITLE **D** ☐ Delete
 NAME **KREOWSKI, WOLFGANG**
 STREET ADDRESS **61 DEL CERRO CAMINO**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☒ Change ☐ Addition
 NAME **McGlamery, Jim**
 STREET ADDRESS **12 Newport Dr.**
 CITY-ST-ZIP **Crestview, Florida 32539**

TITLE **VP** ☐ Delete
 NAME **BERGSCHNEIDER, VONDELL**
 STREET ADDRESS **16 DEL CERRO CAMINO**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☒ Change ☐ Addition
 NAME **Johnson, Sally**
 STREET ADDRESS **8 Del Cerro Camino**
 CITY-ST-ZIP **Crestview, Florida 32539**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vondell Bergschneider

Date

Daytime Phone #

04-12-01 / 850-682-4668

CR2E037 (10/00)