

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90021 027 \*\*\*\*61.25

**DOCUMENT # IN98000006001**

1. Entity Name  
**THE LAKES OF LADY LAKE HOMEOWNERS' ASSOCIATION,**

Principal Place of Business      Mailing Address  
 1553 S.E. FT. KING ST.      1553 S.E. FT. KING ST.  
 Ocala FL 34471      Ocala FL 34471-2427

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

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3551293**      Applied For  
**APPLIED FOR**      Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCBRIDE, SANDY**  
 1553 S.E. FT. KING ST.  
 Ocala FL 34471

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBRIDE, SANDY</b>	NAME	
STREET ADDRESS	<b>1553 S.E. FT. KING ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBRIDE, ROBIN</b>	NAME	
STREET ADDRESS	<b>1553 S.E. FT. KING ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, ROBERT D</b>	NAME	
STREET ADDRESS	<b>954 E. SILVER SPRINGS BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Sandy McBride*      **REQUIREMENTS**      1/10/00      352-401-3705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)