

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 02, 2001 08:00 AM****Secretary of State****DOCUMENT # 727878****1. Entity Name**

LAKE JUNE HILLS PROPERTY OWNERS ASSOCIATION, INC.

**Principal Place of Business**

0811 LAKE PLACID

LAKE PLACID

33852

FL

US

**Mailing Address**

P.O. BOX 1439

LAKE PLACID

33862

FL

US

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-2327672**

Applied For

Not Applicable

**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**GIBBS ROBERT E  
132 HUNTLEY OAKS BLVD.

LAKE PLACID

FL

33852

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

**01/02/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
T	GIBBS ROBERT E	132 HUNTLEY OAKS BLVD	LAKE PLACID FL 33852				
D	HAISCHER TED	108 WESLEY WAY	LAKE PLACID FL 33852				
D	LYONS MARY	103 JADE WAY	LAKE PLACID FL	D	SCHAEFER ED	124 JADE WAY	LAKE PLACID FL 33852
D	USEFOF JOSEPH	101 RUBY WAY	LAKE PLACID FL 33852				
VP	THORNTON PAUL	115 ARMWOOD ROAD	LAKE PLACID FL 33852	D	CANNE DON	132 JADE WAY	LAKE PLACID FL 33852
D	ALOIS HORZEWSKI	106 JADE WAY	LAKE PLACID FL 33852	S	HAISCHER JOANN	108 WESLEY WAY	LAKE PLACID FL 33852

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ROBERT E GIBBS**

T

**01/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)