

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005629**

1. Entity Name

PRETTY LAKE ESTATES HOA, INC.

Principal Place of Business

**16211 SENTRY WOODS CT
ODESSA FL 33556**

Mailing Address

**16210 SENTRY WOODS CT
ODESSA FL 33556**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3278964

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BAKER, DONALD J
16211 SENTRY WOODS CT
ODESSA FL 33556****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)

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**TITLE **D** ☐ Delete
NAME **MAYER, THOMAS L**
STREET ADDRESS **16214 SENTRY WOODS CT.**
CITY-ST-ZIP **ODESSA FL**TITLE **DT** ☐ Delete
NAME **CIOTTI, ROBERT L**
STREET ADDRESS **16210 SENTRY WOODS CT.**
CITY-ST-ZIP **ODESSA FL 33556**TITLE **D** ☐ Delete
NAME **CLEMENT, RICHARD D**
STREET ADDRESS **16202 SENTRY WOODS CT.**
CITY-ST-ZIP **ODESSA FL**TITLE **DVP** ☐ Delete
NAME **STONESIFER, KURT**
STREET ADDRESS **16201 SENTRY WOODS CT.**
CITY-ST-ZIP **ODESSA FL 33556**TITLE **DP** ☐ Delete
NAME **BAKER, DONALD**
STREET ADDRESS **16211 SENTRY WOODS CT**
CITY-ST-ZIP **ODESSA FL 33556**TITLE **DS** ☐ Delete
NAME **PERERIA, ROSALYN**
STREET ADDRESS **16213 SENTRY WOODS CT**
CITY-ST-ZIP **ODESSA FL 33556****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVP S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☒ Change ☐ Addition
NAME **WILLIAM C. WILLIAMS**
STREET ADDRESS **16205 SENTRY WOODS CT.**
CITY-ST-ZIP **ODESSA, FL. 33556**

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 (CIOTTI)**4/07/2001****813-223-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90480 026 ****61.25

947225

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)