

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

0003579

DOCUMENT # N13314

1. Entity Name

LAKE PICKETT WOODS ASSOCIATION, INC.

08-20-2001 90071 034 ****61.25

Principal Place of Business

PO BOX ~~000522~~ **660 603**
 CHULUOTA FL 32766-0522 **0603**
 US

Mailing Address

PO BOX ~~000522~~ **660 603**
 CHULUOTA FL 32766-0522 **0603**
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2706334

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

MORBITZER, MARGARET L
668 N. ORLANDO AVENUE
SUITE 105
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name **Geoffrey Hall / FLARANT INC**
 Street Address (P.O. Box Number is Not Acceptable)
274 Wilshire Blvd
Suite 282
 City **Casselberry** FL Zip Code **32707**

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
After September 12, 2001, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCMURRAN, JOHN	
STREET ADDRESS	2710 LAKE PICKETT PL	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	METCALF, CHARLES	
STREET ADDRESS	120 BIG OAK BEND	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORREST, SCOTT	
STREET ADDRESS	248 ROBIN SONKO RD	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	SP	<input type="checkbox"/> Delete
NAME	ZEMBOWER, W. JAY	
STREET ADDRESS	127 BIG OAK BEND	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIPKIN, SCOTT	
STREET ADDRESS	1127 DUNCAN DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Powell	
STREET ADDRESS	147 Big Oak Bend	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE	Kathleen Mello	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2535 S. County Road 419	
STREET ADDRESS	Chuluota, FL 32766	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rex Roffler	
STREET ADDRESS	P.O. Box 660-054	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Aruta	
STREET ADDRESS	2715 Lake Pickett Place	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Wolfgram	
STREET ADDRESS	130 Crooked Oak Rd	
CITY-ST-ZIP	Chuluota, FL 32766	

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:

Kathleen S. Mello **Kathleen S. Mello, Secretary, 8-9-01 365-5346**

CR2E037 (5/01)