

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-17-2001 91355 021 ****61.25

DOCUMENT # 706268

1. Entity Name

LAKE OSBORNE ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

1510 HIGH RIDGE RD
 LAKE WORTH FL 33461
 US

Mailing Address

P O BOX 6014
 LAKE WORTH FL 33466
 US

77103



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

05-9619746

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

BULTEN, HENNY
 1926 FITTIN COURT
 LAKE WORTH FL 33461

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MARLOWE, STEVEN	
STREET ADDRESS	1414 LAKE BASS	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOLT, MARY	
STREET ADDRESS	5892 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, JAN	
STREET ADDRESS	1609 NANETTE CT	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAULE, DON	
STREET ADDRESS	1412 ONTARIO DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FISH, TAMARA	
STREET ADDRESS	1438 CREST DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Ruth DeMunn	
STREET ADDRESS	1411 Lake Eric Drive	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Carlisi	
STREET ADDRESS	1707 Osborne Circle	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bessie Harlow	
STREET ADDRESS	5386 Lake Osborne Dr.	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Marlowe	
STREET ADDRESS	1414 Lake Bass Dr.	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Maule	
STREET ADDRESS	1412 Ontario Drive	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

561-533-1323

Daytime Phone #

CR2E037 (10/00)

Attachment
Doc# 766268



77103

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

CORRECTED &
RETURNED
7/22/01

June 1, 2001

LAKE OSBORNE ESTATES CIVIC ASSOCIATION, INC.
P O BOX 6014
LAKE WORTH, FL 33466 US

Subject: LAKE OSBORNE ESTATES CIVIC ASSOCIATION, INC.

Reference Number: 706268

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TR
ANNUAL REPORTS SECTION

**ALL NAMES ADDED ARE
DIRECTORS (TOTAL OF 5)**