

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 718204**

1. Entity Name

**LAKE COMO WATER ASSOCIATION, INC.**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90070 014 \*\*\*\*61.25

Principal Place of Business <b>PALMER STREET P.O. BOX 102 LAKE COMO FL 32157-0102</b>	Mailing Address <b>PALMER STREET P.O. BOX 102 LAKE COMO FL 32157-0102</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1399304</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>GREER, VERNON C 210 OLD HWY 17 LAKE COMO FL 32157</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>THOMPSON, LLOYD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAY WHITE WAY</b>		NAME	
STREET ADDRESS <b>LAKE COMO FL 32157</b>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>DRA</b>	<input type="checkbox"/> Delete	TITLE <b>GREER, VERNON C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>210 OLD HWY 17</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE COMO FL 32157</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>TAYLOR, RUTH</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>TAYLOR FORY RD.</b>		STREET ADDRESS <b>TAYLOR FURY</b>	
CITY-ST-ZIP <b>LAKE COMO FL</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>STACK, YVONNE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>EUCLID AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE COMO FL 32157</b>		CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>STACK, DANNY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>EUCLID AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE COMO FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>FLORIA, ANGELO C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS <b>CORNER PRIOR STREET</b>		STREET ADDRESS <b>FLORIO</b>	
CITY-ST-ZIP <b>LAKE COMO FL 32157</b>		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]* **YVONNE S. STACK** 4/20/00 904 649-0903  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)