

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90067 007 ****61.25

DOCUMENT # 718204

1. Entity Name

LAKE COMO WATER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PALMER STREET
 P.O. BOX 102
 LAKE COMO FL 32157-0102**

**PALMER STREET
 P.O. BOX 102
 LAKE COMO FL 32157-0102**

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

59-1399304

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREER, VERNON C
 210 OLD HWY 17
 LAKE COMO FL 32157**

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: VP
 NAME: THOMPSON, LLOYD
 STREET ADDRESS: GAY WHITE WAY
 CITY-ST-ZIP: LAKE COMO FL 32157
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: DRA
 NAME: GREER, VERNON C
 STREET ADDRESS: 210 OLD HWY 17
 CITY-ST-ZIP: LAKE COMO FL 32157
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: D
 NAME: TAYLOR, RUTH
 STREET ADDRESS: TAYLOR FURY RD
 CITY-ST-ZIP: LAKE COMO FL
 Delete

TITLE: D
 NAME: John Dankert
 STREET ADDRESS: Old Hwy 17
 CITY-ST-ZIP: LAKE COMO, FL 32157
 Change Addition

TITLE: ST
 NAME: STACK, YVONNE
 STREET ADDRESS: EUCLID AVE
 CITY-ST-ZIP: LAKE COMO FL 32157
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: P
 NAME: STACK, DANNY
 STREET ADDRESS: EUCLID AVENUE
 CITY-ST-ZIP: LAKE COMO FL
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: D
 NAME: FLORIO, ANGELO C
 STREET ADDRESS: CORNER PRIOR STREET
 CITY-ST-ZIP: LAKE COMO FL 32157
 Delete

TITLE: D
 NAME: Arthur Potter
 STREET ADDRESS: Huntington Road
 CITY-ST-ZIP: LAKE Como, FL 32157
 Change Addition

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: *Yvonne S. Stack* YVONNE S. STACK 4-10-01 (386) 649-0903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)