

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90126 041 ****61.25

DOCUMENT # 725653

1. Entity Name

THE LAKES HOMEOWNERS ASSOCIATION I, INC.

Principal Place of Business

4591 LAKE BLVD.
CLEARWATER FL 34622

Mailing Address

4591 LAKE BLVD.
CLEARWATER FL 34622

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1616341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, DOANLD
C/O COMPREHENSION MGMT.
10515 68TH AVE. N. SUITE B-3
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

Donald Graham

COMPREHENSIVE MANAGEMENT CO.
10575 68TH AVE. N. STE B-3
LANDMARK CENTER
SEMINOLE, FLORIDA

8. The above named entity submits this statement for the purpose of changing its registered

33772

SIGNATURE

Donald Graham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP | PD PETROFF, MARGE 4514 SUPERIOR LN CLEARWATER FL 33762 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KOTLARSKI, JOHN VP 4575 GREAT LAKES D.S. CLEARWATER FL 33762 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HODGES, PAUL S 4556 GREAT LAKES DR. S CLEARWATER FL 34622 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAPELLAS, GEORGE D 4462 GREAT LAKES D.N. CLEARWATER FL 34622 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ELDER, JAMES D 4578 GREAT LAKES D.S. CLEARWATER FL 33762 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RACE, GEORGE 4498 FREAT LAKES DR S CLEARWATER FL 33762 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Fisher, Norman 4498 Lake Blvd Clearwater FL 33762 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/S Kalahen Katherine 4453 Ontario Lane Clearwater FL 33762 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Thas Rigo, Virginia 4453 Great Lakes Dr N Clearwater FL 33762 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

MARGE PETROFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)