

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734394

1. Entity Name

PROPERTY OWNERS' ASSOCIATION OF THE VILLAGES, INC

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90008 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~608 LISBON LN~~ 408 MARK DR.  
LADY LAKE FL 32159  
US

P O BOX 1657  
LADY LAKE FL 32158-1657  
US

2. Principal Place of Business

3. Mailing Address

408 MARK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LADY LAKE FL

Zip

Country

Zip

Country

32159

LAKE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLHORN, MICHAEL D  
10935 SE 177TH PLACE, SUITE 204  
SUMMERFIELD FL

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	P	<input checked="" type="checkbox"/> Delete
NAME	GOTTFRIED, JOS	
STREET ADDRESS	920 RAMOS DR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHOOK, WINTHROP	
STREET ADDRESS	1598 DORAL CIR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	T	<input type="checkbox"/> Delete
NAME	RENNER, FRANK	
STREET ADDRESS	601 LISBON LN	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOPE, CAROL	
STREET ADDRESS	608 LISBON LN	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LATHOM, CHARLES	
STREET ADDRESS	1209 PANAMA PL	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOULTON, RICHARD	
STREET ADDRESS	712 CAMELIA CT	
CITY-ST-ZIP	LADY LAKE FL 32159	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISS POSS	
STREET ADDRESS	408 MARK DR	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOOK, WINTHROP	
STREET ADDRESS	1598 DORAL CIR	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSS, CHARLOTTE	
STREET ADDRESS	408 MARK DR.	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPE, CAROL	
STREET ADDRESS	608 LISBON LN	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOLLARD, S.A.	
STREET ADDRESS	556 ST ANDREWS BLVD	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNER, FRANK	
STREET ADDRESS	601 LISBON LN	
CITY-ST-ZIP	LADY LAKE, FL 32159	

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:

Charlotte Poss (Miss) Charlotte Poss 4-17-2000 352-750 5640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)