

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90049 048 ****61.25

DOCUMENT # 735150

1. Entity Name

LAKE YVETTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ROUTE 1, BOX 3105
 HAVANA FL 32333

ROUTE 1, BOX 3105
 HAVANA FL 32333-9601

2. Principal Place of Business

3. Mailing Address

96 Raymond Rd.
 Suite, Apt. #, etc.

96 Raymond Rd.
 Suite, Apt. #/etc.

City & State

City & State

HAVANA, FL

HAVANA, FL

4. FEI Number

59-2951570

Applied For

Not Applicable

Zip

Country

Zip

Country

32333

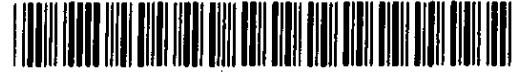
USA

32333

USA

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

CECI, MICHELLE
 ROUTE 1, BOX 3132
 HAVANA FL 32333

Name

Street Address (P.O. Box Number is Not Acceptable)

99 HANS COURT

City

HAVANA, FL. 32333

FL

Zip Code

32333

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	VD	<input type="checkbox"/> Delete
NAME	BLANTON, CHANTAL	
STREET ADDRESS	RT 1 BOX 3112-C	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YERKES, JOHN H	
STREET ADDRESS	RT. 1 BOX 3134	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORNINGSTAR, DEBORAH	
STREET ADDRESS	RT 1 BOX 3145	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	CECI, MICHELE	
STREET ADDRESS	RT 1 BOX 3132	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURCH, JAMES	
STREET ADDRESS	RT 1 BOX 3327-D	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, CHANTAL	
STREET ADDRESS	466 RAYMOND ROAD	
CITY-ST-ZIP	HAVANA, FL. 32333	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YERKES, JOHN	
STREET ADDRESS	99 HANS COURT	
CITY-ST-ZIP	HAVANA, FL. 32333	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORNINGSTAR, DEBORAH	
STREET ADDRESS	112 BLUE HERON POINT	
CITY-ST-ZIP	HAVANA, FL. 32333	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECI, MICHELE	
STREET ADDRESS	99 HANS COURT	
CITY-ST-ZIP	HAVANA, FL. 32333	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, JAMES	
STREET ADDRESS	61 ROZENA LOOP	
CITY-ST-ZIP	HAVANA, FL. 32333	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONEECE, ARON	
STREET ADDRESS	380 CHRISTIAN LOOP	
CITY-ST-ZIP	HAVANA, FL. 32333	

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: *John Yerkes* SIGNATURE: *Philip M. ...* Date: *May 10, 2000* 850-539-1372
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)