

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0061788

DOCUMENT # 735150

1. Entity Name

LAKE YVETTE HOMEOWNERS' ASSOCIATION, INC.

03-28-2002 90001 002 ****61.25

Principal Place of Business

Mailing Address

**96 RAYMOND RD
 HAVANA FL 32333**

**96 RAYMOND RD
 HAVANA FL 32333**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2951570

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CECI, MICHELLE
 99 HANS COURT
 HAVANA FL 32333**

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	VD	<input type="checkbox"/> Delete
NAME	BLANTON, CHANTAL	
STREET ADDRESS	466 RAYMOND RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YERKES, JOHN H	
STREET ADDRESS	97 HANS CT	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORNINGSTAR, DEBORAH	
STREET ADDRESS	112 BLUE HERON POINT	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITHWICK, DAVID	
STREET ADDRESS	252 CHRISTIAN LOOP	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURCH, JAMES	
STREET ADDRESS	61 ROZENA LOOP	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'CONNORS, LARISSA	
STREET ADDRESS	353 CHRISTIAN LOOP	
CITY-ST-ZIP	HAVANA FL 32333	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *John H. Yerkes* **JOHN H. YERKES**

March 13, 2002

830-539-1372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)