

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741833

1. Entity Name

PROPERTY OWNERS OF SUN 'N LAKES OF LAKE PLACID R

Principal Place of Business

107 TULIP DRIVE
LAKE PLACID FL 33852
US

Mailing Address

P. O. BOX 1187
LAKE PLACID FL 33862-1187
US

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

59-2881377

Applied For

Not Applicable

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

PENROD, JIM
108 EVENTIDE AVENUE
LAKE PLACID FL 33852

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 ☐ Delete
NAME V
STREET ADDRESS TRAVIS, MAX
CITY-ST-ZIP 105 IDA AV
LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS PENROD, JIM
CITY-ST-ZIP 108 EVENTIDE AVENUE
LAKE PLACID FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS HERNANDEZ, BERNICE
CITY-ST-ZIP 145 EVENTIDE AVE
LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS HUFF, BARBARA
CITY-ST-ZIP 109 BLUE MOON AVENUE
LAKE PLACID FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS TOM MCNAMARA
CITY-ST-ZIP 728 LAKE BETTY DR
LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SHERMAN, NELL
CITY-ST-ZIP 127 BLUE MOON AV
LAKE PLACID FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNICE HERNANDEZ

4-11-00

Date

683-699-0506

Daytime Phone #

CR2F037 (9/99)