2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90044 001 ****61.25

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DOCUMENT # 741833

1. Entity Name

PROPERTY OWNERS OF SUN 'N LAKES OF LAKE PLACID R

Principal Place of Business	Mailing Address
107 TULIP DRIVE LAKE PLACID FL 33852 US	P. O. BOX 1187 LAKE PLACID FL 33862 US

DO NOT WRITE IN THIS SPACE

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: JACK RICHIE Street Address (P.O. Box Number is Not Acceptable): 131 TEMPTATION CT City: LAKE PLACID FL 33852 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: Jack L Richie President — March 14-2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V TRAVIS, MAX 105 IDA AV LAKE PLACID FL 33852	☒ Delete	PRES JACK RICHIE 131 TEMPTATION CT LAKE PLACID FLA 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PENROD, JIM 108 EVENTIDE AVENUE LAKE PLACID FL	☒ Delete	V. DON GALLAGHER 227 TEMPTATION LN LAKE PLACID FLA 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERNANDEZ, BERNICE 145 EVENTIDE AVE LAKE PLACID FL 33852	☒ Delete	T FRANCES WILCOX 124 TEMPTATION LN LAKE PLACID FLA 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUFF, BARBARA 109 BLUE MOON AVENUE LAKE PLACID FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOM MCNAMARA 728 LAKE BETTY DR LAKE PLACID FL 33852	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN, NELL 127 BLUE MOON AV LAKE PLACID FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Jack L Richie SIGNATURE REQUIRED — March 14-2001 — 863-465-6203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #