2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90399 039 ****61.25

DOCUMENT # 747839

1. Entity Name

WALK-IN-WATER LAKE ESTATES PROPERTY OWNERS ASSOC

Principal Place of Business	Mailing Address
9330 PINE TREE DR LAKE WALES FL 33853 US	9330 PINETREE DR LAKE WALES FL 33853 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 59-2075837 ☐ 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
BACON, MARGUERITE W. 9151 CYPRESSWOOD DR LAKE WALES FL 33853	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRIDGES, HAROLD 2470 LAKEFRONT DR LAKE WALES FL 33853	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Frederick, John 9180 Cypresswood Dr. Lake Wales, Fl. 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROGERS, LINDA 2545 LAKEFRONT DR. LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FORMAZ, RICHARD 9310 LIME DR. LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Formaz, Richard 9310 Lime Dr. Lake Wales, Fl. 33853	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUING, SHERRY 2612 LAKEFRONT DR LAKE WALES FL 33853	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carden, Billy 9629 Oakwood Dr. Lake Wales, Fl. 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVING, CLIFFORD 2441 LAKEFRONT DR LAKE WALES FL 33853	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kavalek, Brenda 8918 Oakwood Dr. Lake Wales, Fl. 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BACON, MARGUERITE 9151 CYPRESSWOOD DR LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carr, Robert 9540 Pinetree Dr. Lake Wales, Fl. 33853	☐ 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: Marguerite Bacon V-Treas Marguerite Bacon 4/20/2001 863 696-3889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #