

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

01-23-2003 90151 030 ***61.25

DOCUMENT # 750288

1. Entity Name

PARK LAKE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**P O BOX 1394
ELFERS FL 34680**

**P O BOX 1394
ELFERS FL 34680**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1952517**

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

**COUTURE, ALBERT
4346 OTTER WAY
NEW PORT RICHEY FL 34653**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P D** ☐ Delete
NAME **COUTURE, ALBERT**
STREET ADDRESS **4346 OTTER WAY**
CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE ☐ Change ☐ Addition
NAME **Albert**
STREET ADDRESS **4346 Otter Way**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VPD** ☒ Delete
NAME **DAYTON, LILYAN V**
STREET ADDRESS **4371 OTTER WAY**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY D**
STREET ADDRESS **DAYTON, LILYAN V.**
CITY-ST-ZIP **4371 OTTER WAY**
NEW PORT RICHEY, FL 34653

TITLE **D** ☐ Delete
NAME **DISERVO, IDA**
STREET ADDRESS **44248 SWALLOWTAIL**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **VP D** ☐ Delete
NAME **ROZANKOWSKI, RONALD**
STREET ADDRESS **8324 FISHHAWK AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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

TITLE **P D** ☐ Delete
NAME **JACKSON, F I**
STREET ADDRESS **8318 FISHHAWK AVENUE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-20-03

Date

727-376-2857

Daytime Phone #

CR2E037 (10/02)