

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91077 046 ****61.25

DOCUMENT # 753551

1. Entity Name

LAGO LUCERNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3887 AUGUST DRIVE
 LAKE WORTH FL 33461

3887 AUGUST DRIVE
 LAKE WORTH FL 33461

00055055



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

34-1337856

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

HOWARTH, MAUREEN R.
3887 AUGUST DR.
LAKE WORTH FL 33461

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 **RD RODGERS, IRA**
 STREET ADDRESS **3962 CAROLINA DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition
 NAME **RD DONALD SARGENT**
 STREET ADDRESS **3971 AUGUST DR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete
 NAME **BT MARINEAU, MARY**
 STREET ADDRESS **3966 CAROLINA DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition
 NAME **ASST TRIDTOM HOWARTH**
 STREET ADDRESS **3887 AUGUST DR**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Delete
 NAME **VD KNAVER, ARTHUR**
 STREET ADDRESS **3907 CAROLINA DR**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition
 NAME **VPD MARK BEGGS**
 STREET ADDRESS **3934 CAROLINA DR**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Delete
 NAME **TD EMMONS, LYNN**
 STREET ADDRESS **3903 AUGUST DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition
 NAME **D AL KOENIG**
 STREET ADDRESS **3899 CAROLINA DR**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Delete
 NAME **PD PELLINEN, DAVID**
 STREET ADDRESS **3915 CAROLINA DR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete
 NAME **SD SMITH, ELLA**
 STREET ADDRESS **3963 CAROLINA DR.**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

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: *Maureen R. Howarth CAM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 561-582-5525

CR2E037 (10/00)