

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90108 046 ****61.25

0021066

DOCUMENT # 759855

1. Entity Name

FOUR LAKES ASSOCIATION, INC.

Principal Place of Business *Lake*
130 LITTLE ORANGE LAKE DR
P.O. BOX 145
HAWTHORNE FL 32640
US

Mailing Address
1 PO BOX 145
HAWTHORNE FL 32640

C0007254



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 **59-1967842**

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

COUCH, MARGARET W
130 LITTLE ORANGE LAKE DR
HAWTHORNE FL 32640

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 **D** ☐ Delete
 NAME **COUCH, LEON**
 STREET ADDRESS **3524 N W 51ST AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Nancy Davis**
 STREET ADDRESS **121 Little Orange Lake Dr**
 CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE **D** ☒ Delete
 NAME **HOLLAND, SALLY**
 STREET ADDRESS **RR 4 BOX 469**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Boyles, Delores**
 STREET ADDRESS **208 Little Orange Lake Dr**
 CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE **T** ☐ Delete
 NAME **COUCH, MARGARET W**
 STREET ADDRESS **130 LITTLE ORANGE LAKE DRIVE**
 CITY-ST-ZIP **HAWTHORNE FL**

TITLE **Dir** ☒ Change ☐ Addition
 NAME **Hurlburt, Frances**
 STREET ADDRESS **204 Little Orange Lake Dr**
 CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE **D** ☒ Delete
 NAME **FORD, WILBUR**
 STREET ADDRESS **112 BENJAMIN DR**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **Dir** ☐ Change ☒ Addition
 NAME **Davis, Ray**
 STREET ADDRESS **121 Little Orange Lake Dr**
 CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE **D** ☐ Delete
 NAME **HOFFNER, DAVID**
 STREET ADDRESS **117 JOHN ST**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MIKE BOYLES**
 STREET ADDRESS **208 LITTLE ORANGE LAKE DRIVE**
 CITY-ST-ZIP **HAWTHORNE FL**

TITLE ☒ Change ☐ Addition
 NAME **118 Little Orange Lake Dr**
 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: *Margaret W Couch* **Margaret W Couch** 1/13/01 352-481-5530
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)