

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90010 041 ****61.25

DOCUMENT # 759855

1. Entity Name

FOUR LAKES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**130 LITTLE ORANGE LAKE DR
P.O. BOX 145
HAWTHORNE FL 32640
US**

**1 PO BOX 145
HAWTHORNE FL 32640**

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

59-1967842

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

**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 ☐ Delete
NAME **S**
STREET ADDRESS **DAVIS, NANCY**
CITY-ST-ZIP **121 LITTLE ORANGE LAKE DR
HAWTHORNE FL 32640**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Leon Couch**
CITY-ST-ZIP **130 Little Orange Lake Dr
Hawthorne, FL 32640**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOYLES, DELORES**
CITY-ST-ZIP **148 LITTLE ORANGE LAKE DR
HAWTHORNE FL 32640**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **118 Little Orange Lake Dr**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HURLBURT, FRANCES**
CITY-ST-ZIP **204 LITTLE ORANGE LAKE DR
HAWTHORNE FL 32640**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAVIS, RAY**
CITY-ST-ZIP **121 LITTLE ORANGE LAKE DR
HAWTHORNE FL 32640**

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

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

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Renata Letts**
CITY-ST-ZIP **Little Orange Lake Dr
Hawthorne, FL 32640**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MIKE BOYLES**
CITY-ST-ZIP **118 LITTLE ORANGE LAKE DR
HAWTHORNE FL**

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:

Margaret Couch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Couch
Date

1/19/02 352-481-5530
Daytime Phone #

CR2E037 (9/01)