

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-21-2003 90096 002 ****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



☐ CHECK HERE IF MAKING CHANGES

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

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

Margaret W Couch
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/03
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 | D | <input type="checkbox"/> Delete |
| NAME | COUCH, LEON | |
| STREET ADDRESS | 130 LITTLE ORANGE LAKE DR | |
| CITY-ST-ZIP | HAWTHORNE FL 32640 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYLES, DELORES | |
| STREET ADDRESS | 118 LITTLE ORANGE LAKE DR | |
| CITY-ST-ZIP | HAWTHORNE FL 32640 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HURLBURT, FRANCES | |
| STREET ADDRESS | 204 LITTLE ORANGE LAKE DR | |
| CITY-ST-ZIP | HAWTHORNE FL 32640 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DAVIS, RAY | |
| STREET ADDRESS | 121 LITTLE ORANGE LAKE DR | |
| CITY-ST-ZIP | HAWTHORNE FL 32640 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LETTIS, RANATA | |
| STREET ADDRESS | LITTLE ORANGE LAKE DR | |
| CITY-ST-ZIP | HAWTHORNE FL 32640 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MIKE BOYLES | |
| STREET ADDRESS | 118 LITTLE ORANGE LAKE DR | |
| CITY-ST-ZIP | HAWTHORNE FL | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Couch, Margaret | |
| STREET ADDRESS | 130 Little Orange Lake Dr | |
| CITY-ST-ZIP | Hawthorne, FL 32640 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Neil Letts | |
| STREET ADDRESS | 160 Little Orange Lake Dr | |
| CITY-ST-ZIP | Hawthorne, FL 32640 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nancy Hill | |
| STREET ADDRESS | 194 Little Orange Lake Dr | |
| CITY-ST-ZIP | Hawthorne, FL 32640 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 W Couch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-481-5530

CR2E037 (10/02)