

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765163

1. Entity Name

LAKE PARK HOMEOWNERS ASSOCIATION, INC.

FILED

Mar 09, 2001 8:00 am  
Secretary of State

03-09-2001 90488 046 \*\*\*\*61.25

0001338

Principal Place of Business

9693 105 TERR N  
C/O ROBIN ELDER  
LARGO FL 33773  
US

Mailing Address

P O BOX 10133  
LARGO FL 33773  
US

2. Principal Place of Business

LAKE PARK HOMEOWNERS ASSOC.

Suite, Apt. #, etc.

P.O. Box 10133

City & State

LARGO FL

Zip

33773

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2349311

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELDER, ROBIN  
9693 105 TERR N  
LARGO FL 33773

7. Name and Address of New Registered Agent

Name

MARY BAHMILLER

Street Address (P.O. Box Number is Not Accepted)

10319 95th St. N.

City

LARGO

FL

Zip Code

33777

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WATT, EDITH	
STREET ADDRESS	9646 107 AVE	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ELDER, ROBIN	
STREET ADDRESS	9693 105 TERR	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, MICHAEL	
STREET ADDRESS	9666 108 AVE	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES GREGG	
STREET ADDRESS	9615 104th AVE. N.	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEX DOIG	
STREET ADDRESS	9590 104th AVE. N.	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BAHMILLER	
STREET ADDRESS	10319 95th St. N.	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUDY PILLIS	
STREET ADDRESS	10893 97th St. N.	
CITY-ST-ZIP	LARGO, FL 33773	
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:

MARY BAHMILLER

DATE

3/7/01

Business Phone #

1727-570-2576

CR2E037 (10/00)