

2000 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 15, 2000 8:00 am
Secretary of State

04-03-2000 90145 005 ****61.25

DOCUMENT # 767803

1. Entity Name

CANYON LAKE VILLAS OWNERS ASSOCIATION, INC.

Principal Place of Business

3820 CHEVERLY DRIVE WEST
 LAKELAND FL 33813
 US

Mailing Address

3820 CHEVERLY DRIVE WEST
 LAKELAND FL 33813-1271
 US

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

59-2688338

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, LOUIS J
1101 ROLLING WOODS LN
LAKELAND FL 33813

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	<input checked="" type="checkbox"/> Delete
NAME	PETCOFF, THOMAS	
STREET ADDRESS	1212 KELLS CT.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LOUIS J	
STREET ADDRESS	1101 ROLLING WOODS LN	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEAGUE, MILFORD E	
STREET ADDRESS	3820 CHEVERLY DR W	
CITY-ST-ZIP	LAKELAND FL	
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		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KACEY GRUDEM	
STREET ADDRESS	1031 ROLLING WOODS LANE	
CITY-ST-ZIP	LAKELAND, FL 33813	
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		
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:

Thomas Petcoff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2000 863-646-7345
 Date Daytime Phone #

CR2E037 (9/99)