

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 OCT 22 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10192004 REIN-NP CR2E099 (6/04)

4. FEI Number
59-2371380

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DOCUMENT # 767986

1. Entity Name
CHAIN OF LAKES PROPERTY OWNERS, INC.



Principal Place of Business
1415 W. VINE STREET
P.O. BOX 420879
KISSIMMEE, FL 34742-0879

Mailing Address
1415 W. VINE STREET
P.O. BOX 420879
KISSIMMEE, FL 34742-0879

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACKEY, DAN
1415 W. VINE STREET
KISSIMMEE, FL 34742

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

Dan Lackey

DAN LACKEY, MANAGING DIRECTOR

10/19/04

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

After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIGHTSEY, LAYNE
2230 SAM KEENE RD.
LAKE WALES, FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
LACKEY, DAN
1600 S LYNDALL DR
KISSIMMEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400042098684
10/22/04-01017-023 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVERSTREET, RAWL
JOE OVERSTREET RD.
ST. CLOUD, FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHALEY, A E DR
1360 NEPTUNE RD.
KISSIMMEE, FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Dan Lackey DAN LACKEY

10/19/04

407-847-2847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #