

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768021

1. Entity Name

THE LAKES OF SHERBROOKE MUTUAL SERVICE ASSOCIATI

Principal Place of Business

8130 HAVASU CT.
LAKE WORTH FL 33467

Mailing Address

8130 HAVASU CT.
LAKE WORTH FL 33467-5533

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

59-2280244

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

CHERNACK, JACK
5194 CANDLEWOOD CT.
LAKE WORTH FL 33467

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 PD
NAME CHERNACK, JACK
STREET ADDRESS 5194 CANDLEWOOD CT.
CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ETINGOFF, WILLIAM
STREET ADDRESS 5071 WHITEWOOD WAY
CITY-ST-ZIP LAKE WORTH FL 33467

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME ALBERT, PAUL
STREET ADDRESS 5287 EDEN LAKE CT
CITY-ST-ZIP LAKE WORTH FL 33467

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME GLICK, EDITH
STREET ADDRESS 5053 OUACHITA DR.
CITY-ST-ZIP LAKE WORTH FL 33467

☒ Delete

TITLE SD
NAME BALLEEN, JERRY
STREET ADDRESS 8296 WACCAMAW LANE EAST
CITY-ST-ZIP LAKE WORTH FL 33467

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE D
NAME SCHNEIDER, RON
STREET ADDRESS 8683 WHITE EGRET WAY
CITY-ST-ZIP LAKE WORTH FL 33467

☐ 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:

PAUL ALBERT, TREAS.

4/26/00

(561) 988-6610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)