

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90120 044 \*\*\*\*61.25

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**DOCUMENT # 768021**

1. Entity Name

**THE LAKES OF SHERBROOKE MUTUAL SERVICE ASSOCIATI  
ON, INC.**

Principal Place of Business

Mailing Address

**8130 HAVASU CT.  
LAKE WORTH FL 33467**

**8130 HAVASU CT.  
LAKE WORTH FL 33467**

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



DO NOT WRITE IN THIS SPACE

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

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

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

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

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

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

TITLE **SD** ☐ Delete  
NAME **BALLEN, JERRY**  
STREET ADDRESS **8296 WACCAMAW LN E.**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **STD** ☒ Change ☐ Addition  
NAME **BALLEN, JERRY**  
STREET ADDRESS **8296 WACCAMAW LANE E.**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ Delete  
NAME **SCHNEIDER, RON**  
STREET ADDRESS **8683 WHITE EGRET WY**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Jack Chernaack*

3/14/02

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CR2E037 (9/01)