

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90110 045 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 768021 1. Entity Name THE LAKES OF SHERBROOKE MUTUAL SERVICE ASSOCIATION, INC.						90134933			
Principal Place of Business 8130 HAVASU CT. LAKE WORTH, FL 33467				Mailing Address 8130 HAVASU CT. LAKE WORTH, FL 33467				 ☐ CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 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 CHERNACK, JACK 5194 CANDLEWOOD CT. LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when amending)									
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees	
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	VD ETINGOFF, WILLIAM 5071 WHITEWOOD WAY LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIMMER MIKE 8555 WHITE EGRET WAY LAKE WORTH, FL 33463	☐ Change ☒ Addition	CR2E037 (10/02)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALLEEN, JERRY 8296 WACCAMAW LANE E LAKE WORTH, FL 33467	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALLEEN, JERRY 8296 WACCAMAW LN E. LAKE WORTH, FL 33467	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, RON 8683 WHITE EGRET WY LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACK CHERNACK 5194 CANDLEWOOD CT. LAKE WORTH, FL 33463	☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACK CHERNACK 5194 CANDLEWOOD CT. LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACK CHERNACK 5194 CANDLEWOOD CT. LAKE WORTH, FL 33463	☐ Change ☒ Addition				
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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 517, 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: <u><i>Jack Charnack</i></u> 5/12/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									