

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L52948

1. Entity Name

LAKE MARIANA SHORES HOMEOWNERS' ASSOCIATION, INC

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90136 039 ***150.00

Principal Place of Business

Mailing Address

20 SUNSET CIR
WINTER HAVEN FL 33881
US

20 SUNSET CIR
WINTER HAVEN FL 33881-9114
US

2. Principal Place of Business

3. Mailing Address

29 Sunset Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven FL

Zip

Country

33881

Country

USA

4. FEI Number

59-2998731

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

ALDRICK, LWDA
20 SUNSET CIR
WINTER HAVEN FL 33881

Name CLAIRES M. PARKS-

Street Address (P.O. Box Number is Not Acceptable)

29 Sunset Circle

City WINTER HAVEN FL

FL

Zip Code 33881

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

Claire M Parks CLAIRES M PARKS Treasurer

2-7-00

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | EMERSON, RICHARD J. | |
| STREET ADDRESS | 20 SUNSET CIR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | EMERSON, MARY C. | |
| STREET ADDRESS | 20 SUNSET CIR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MASSICOTTE, JOHN | |
| STREET ADDRESS | 51 SUNSET CIR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | WAWRZYK, FRANK | |
| STREET ADDRESS | 20 SUNSET CIR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Leland Ver Helst | |
| STREET ADDRESS | 69 Sunset DR | |
| CITY-ST-ZIP | WINTER HAVEN FL-33881 | |
| TITLE | VICE Pres | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Chuck Scholara | |
| STREET ADDRESS | 6 Sunset Circle | |
| CITY-ST-ZIP | WINTER HAVEN FL-33881 | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Walter Browne | |
| STREET ADDRESS | 54 Sunset Circle | |
| CITY-ST-ZIP | WINTER HAVEN FL-33881 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLAIRES PARKS | |
| STREET ADDRESS | 29 Sunset Circle | |
| CITY-ST-ZIP | WINTER HAVEN FL-33881 | |
| 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 | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leland Ver Helst (P) LELAND VER HELST 2-7-00 863-956-2753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)