

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002382

1. Entity Name

WOODS ON LAKE ELSIE HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business

PO BOX 1655  
MOUNT DORA FL 32756

Mailing Address

PO BOX 1655  
MOUNT DORA FL 32756

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

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

BAUGH, MERLE G  
1900 LAKE EUSTIS DRIVE  
EUSTIS FL 32726

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 DP ☐ Delete  
NAME BAUGH, MERLE G  
STREET ADDRESS PO BOX 1655  
CITY-ST-ZIP MOUNT DORA FL 32756

TITLE S ☐ Change ☒ Addition  
NAME Watson, Carol  
STREET ADDRESS 1121 Juniper Ct.  
CITY-ST-ZIP Tavares, FL 32778

TITLE D ☐ Delete  
NAME WALKER, JIM  
STREET ADDRESS 1201 LAKE ELSIE DRIVE  
CITY-ST-ZIP TAVARES FL 32778

TITLE T ☐ Change ☒ Addition  
NAME Cramer, Phillis  
STREET ADDRESS 1140 Juniper Ct.  
CITY-ST-ZIP Tavares, FL 32778

TITLE D ☒ Delete  
NAME FORDHAM, GEORGE  
STREET ADDRESS 1118 LAKE ELSIE DRIVE  
CITY-ST-ZIP TAVARES FL 32778

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

TITLE ST ☒ Delete  
NAME MATHESON, SUSAN  
STREET ADDRESS PO BOX 1655  
CITY-ST-ZIP MOUNT DORA FL 32756

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

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:

*Phyllis Cramer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 352-357-1171  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)