2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 24, 2001 8:00 am Secretary of State

DOCUMENT # N0000005353 1. Entity Name					Secretary of State 07-24-2001 90016 003 ****61.25			
LAKE GATLIN HOMEOWNERS ASSOCIATION, INC.								
Principal Plac	ce of Business	Mailing Address	- 					
C/O CHRIS BARTOS 4812 WATERWITCH POINT DRIVE ORLANDO FL 32806 C/O CHRIS BARTOS 4812 WATERWITCH POINT DRIVE ORLANDO FL 32806 CONTROL STANDO FL 32806			DRIVE		B0060448			
2 Principal S	Place of Business	2 Mailing Address			1 1 1 1 1 1 1 1 1 1			
4800 WATERWITCH Pt. 12. 4 MU WATERWITCH PT				<u>a.</u>	1 14411101 411 4	8411 90 111 9 3 111 6 0 111 99 1) 60111 00304 61130 15161	
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
CHOISIA	NAO FTA.	City & State	FLA.		4. Est Number 2	93416	 	oplied For ot Applicable
Zip	Country	Zip	Country	1	5. Certificate of St	atus Desired	\$8.75 Add	ditional
3280	6. Name and Address of Current Re	32806	USF	Τ	7. Name and Add		Fee Require	ed
Name ROBBYE SCHROEDER							<u> </u>	
BARTOS, CHRIS Street Address (P.O. Box Number is Not Acceptable) WATERWITCH PT. DR.			
4812 WATERWITCH POINT DRIVE ORLANDO FL 32806				000	- Will Care	111111111111111111111111111111111111111		·
	0 1 6 02000		City O	RLA	NDO.		FL Zio Cod	P06
g8. 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.								
And the state of t								
SIGNATURE ROBBYE SCHROEDER TRASULER TRUITED TO Printed name of registered agent and title it applicable. INOTE: Registered Agent signature infouried Affect of Printed Agent and title it applicable. INOTE: Registered Agent signature infouried Affect of Printed Agent and title it applicable.								
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FILE NOW: PEE IS 361.25 9. Election Campaign Financing					\$5.00 May Be		Check Payable	
Arter deptember 12, 2001, min. Will be 9200.23						, ,	artment of State	}
10.	OFFICERS AND DIRE		11.	005	CIDENTE .	73	AND DIRECTORS IN Change	I 10 Addition
NAME	BARTOS, CHRIS	Delete	NAME			OCK PA	. ,	Manifoli
STREET ADDRESS	4812 WATERWITCH POINT DRIVE		STREET ADDRESS	-	O WATER	VIICE IT	806	ļ
TITLE	ORLANDO FL 32806	Delete	CITY-ST-ZIP TITLE		E-PRES		₩ Change	Addition
NAME	SHEAFFER, CAROL	/_3-Delete	NAME	6.1	4. Schron	der AT	· De.	LI Addition
STREET ADDRESS CITY-ST-ZIP	5101 THE OAKS CIRCLE		STREET ADDRESS CITY-ST-ZIP	480	-ANDO, F	7/14 T		-
TITLE	ORLANDO FL 32806	□ Delete	TITLE		7 (00 -	CM. 320	Change	Addition
NAME	SHCROEDER, ROBBYE	Delete	NAME ,	,			Change	
STREET ADDRESS CITY-ST-ZIP	4800 WATERWITCH POINT DRIVE		STREET ADDRESS CITY-ST-ZIP					
TITLE	ORLANDO FL 32806	□ Delete	TITLE				☐ Change	Addition
NAME	-COPELY, BRENDA	C Delete	NAME			:	onengo	
STREET ADDRESS CITY-ST-ZIP	5109 THE OAKS CIRCLE ORLANDO FL 32806	. ~	STREET ADDRESS		*	T [*]		
TITLE	ONLYNDO I'L 32000	Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	-			Change	Addition
NAME OTREET LOOPERS			NAME					
STREET ADDRESS CITY-ST-ZIP		•	STREET ADORESS 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. 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.

IGNATURE: STUDIO EXCELLARIZATION OF THE STUDIOS OF

07/19/01

407-856-833/