

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90005 050 ****61.25

DOCUMENT # N00000008459

1. Entity Name
TOWN LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1140 LEE BLVD., STE. 101-103 **1140 LEE BLVD., STE. 101-103**
LEHIGH ACRES FL 33970 **LEHIGH ACRES FL 33970**

2. Principal Place of Business 3. Mailing Address
1140 Lee Blvd. **P.O. Box 1361**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lehigh-Acres **Lehigh-Acres**
 Zip Country Zip Country
33936 **FL** **33970** **FL**

4. FEINumber Applied For
05-1065168 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

ENGLISH, KATHERINE R
1833 HENDRY ST.
FT. MYERS FL 33901

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GASSNER, ANDREAS	
STREET ADDRESS	1140 LEE BLVD., STE. 101-103	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	PFUNER, JOHANN	
STREET ADDRESS	1140 LEE BLVD., STE. 101-103	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	PFUNER, HEINZ	
STREET ADDRESS	1140 LEE BLVD., STE. 101-103	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **02/11/01** Daytime Phone #: **941 369 8389**

CR2E037 (10/00)