

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90031 033 ****61.25

DOCUMENT # N01000006612

1. Entity Name

CORNER LAKES ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

411 CENTRAL PARK DRIVE
 SANFORD FL 32771

411 CENTRAL PARK DRIVE
 SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

c/o Mid-Florida Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5025 South U.S. Hwy. 17-92

City & State

City & State

Casselberry

FL

4. FEI Number

02-0563815

Applied For

Not Applicable

Zip

Country

32707-3815

USA

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

~~DREELE, WAYNE VON~~
~~411 CENTRAL PARK DRIVE~~
~~SANFORD FL 32771~~

Name: Spare, William C., Community Assn. Mgr.
 Street Address (P.O. Box Number is Not Acceptable):
 Mid-Florida Prop. Mgmt., Inc.
 5025 South U.S. Hwy. 17-92
 City: Casselberry FL Zip Code: 32707

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 *W.C. Spare*
 Signature, typed or printed name of registered agent and title if applicable.

William C. Spare,
 Community Association Mgr. 03/20/02
 (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

TITLE PD ☐ Delete
 NAME HOWARD, SCOTT C
 STREET ADDRESS 411 CENTRAL PARK DRIVE
 CITY-ST-ZIP SANFORD FL 32771

TITLE VPD ☐ Delete
 NAME GREENWALT, TOM
 STREET ADDRESS 411 CENTRAL PARK DRIVE
 CITY-ST-ZIP SANFORD FL 32771

TITLE SD ☒ Delete
 NAME VON DREELE, WAYNE
 STREET ADDRESS 411 CENTRAL PARK DRIVE
 CITY-ST-ZIP SANFORD FL 32771

TITLE TD ☒ Delete
 NAME VON DREELE, WAYNE
 STREET ADDRESS 411 CENTRAL PARK DRIVE
 CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD ☒ Change ☐ Addition
 NAME Greenawalt, Thomas H.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
 NAME Prior, P. Thomas
 STREET ADDRESS 411 Central Park Drive
 CITY-ST-ZIP Sanford, FL 32771

TITLE VD ☐ Change ☒ Addition
 NAME Rousch, William E.
 STREET ADDRESS 411 Central Park Drive
 CITY-ST-ZIP Sanford FL 32771

TITLE SD ☐ Change ☒ Addition
 NAME Thompson, Michele L.
 STREET ADDRESS 411 Central Park Drive
 CITY-ST-ZIP Sanford FL 32771

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 an other like empowered.

SIGNATURE:

Scott C Howard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0010813