

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2002 8:00 am  
Secretary of State

03-28-2002 90172 049 \*\*\*\*61.25

DOCUMENT # N01000006971

1. Entity Name

LAKE ELBERT NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

506 E LAKE ELBERT DR NE  
WINTER HAVEN FL 33881

Mailing Address

506 E LAKE ELBERT DR NE  
WINTER HAVEN FL 33881

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

59-3751980

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

GELINAS, RICK  
506 E LAKE ELBERT DR NE  
WINTER HAVEN FL 33881

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	D	<input type="checkbox"/> Delete
NAME	ARMOUR, KERRY	
STREET ADDRESS	262 LAKE ELBERT DR NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, CAL	
STREET ADDRESS	940 LAKE ELBERT DR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWELL, JACOB	
STREET ADDRESS	1329 E LAKE ELBERT DR NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIMENTAL, BILL	
STREET ADDRESS	204 E LAKE ELBERT DR NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	Calvert, Sandra	
STREET ADDRESS	350 E. Lake Elbert Drive, NE	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	Harris, Tom	
STREET ADDRESS	645 Avenue A, NE	
CITY-ST-ZIP	Winter Haven, FL 33881	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marsh, Susan	
STREET ADDRESS	1314 Lake Elbert Drive, SE	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stancombe, Sandra	
STREET ADDRESS	109 W. Lake Elbert Drive, NE	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gelinas, Rick	
STREET ADDRESS	506 E. Lake Elbert Dr. NE	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Race, Lloyd	
STREET ADDRESS	1400 Ave D, NE	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gelinas, Linda	
STREET ADDRESS	506 E. Lake Elbert Drive, NE	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schopke, Paul	
STREET ADDRESS	100 11th St. SE	
CITY-ST-ZIP	Winter Haven, FL 33880	

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

3/12/02

Date

863-298-8748

Daytime Phone #

CR2E037 (9/01)