

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90142 019 ***150.00

DOCUMENT # N01000007908

1. Entity Name

THE LAKES VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5045 NW 11TH AVE.
 POMPANO BEACH FL 33064

5045 NW 11TH AVE.
 POMPANO BEACH FL 33064

21571

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"

☒ 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HUGHES, NANCY
5141 E. LAKES DR.
POMPANO BEACH FL 33064

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

TITLE ☐ Delete

NAME **P**
HUGHES, NANCY
 STREET ADDRESS **5045 NW 11TH AVE.**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete

NAME **V**
POLLUTTO, COLLEEN
 STREET ADDRESS **5045 NW 11TH AVE.**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete

NAME **S**
KENNON, ANNA
 STREET ADDRESS **5045 NW 11TH AVE.**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete

NAME **T**
POMALES, CHRISTINE
 STREET ADDRESS **5045 NW 11TH AVE.**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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.

2/14/02

Date

Daytime Phone #

CR2E037 (9/01)