

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000006653

1. Entity Name

LAKE COOK ESTATES HOMEOWNERS ASSOCIATION, INC.



FILED

04 APR -8 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FL



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1062 MEADSON CIRCLE
PENSACOLA FL 32506

Mailing Address

1062 MEADSON CIRCLE
PENSACOLA FL 32506

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

☒ 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

KELLY, EARL S
1062 MEADSON CIRCLE
PENSACOLA FL 32506

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Earl S. Kelly

Signature, typed or printed name of registered agent and title if applicable.

Earl S. Kelly

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-04

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLY, EARL S
1062 MEADSON CIRCLE
PENSACOLA FL 32506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400032249184
04/09/04--01003--031 **\$66.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOK, JAMES F
209 SLATTERY BLDG.
SHREVEPORT LA 71101 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLY, DORIS C
1062 MEADSON CIRCLE
PENSACOLA FL 32506 ☐ Delete

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

TITLE
NAME
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Earl S. Kelly

4-1-04