

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90202 032 \*\*\*\*61.25

DOCUMENT # *N02000009676*

1. Entity Name

*LAKE WALES ESTATES ASSOCIATION, Inc*

**DO NOT WRITE IN THIS SPACE**

**90008719**

2. Principal Place of Business

*4450 LIGHT HOUSE AVE*

Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 4002*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*LAKE WALES, FLORIDA*

City & State

*LAKE WALES, FLORIDA*

4. FEI Number

*42-1562038*

Applied For

Not Applicable

Zip

*33859*

Country

*POLK*

Zip

*33859*

Country

*POLK*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*JOHN PELIKAN*

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

*4450 LIGHT HOUSE AVE*

*P.O. Box 1617*

City

*LAKE WALES*

FL

Zip Code

*33859*

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25.**

**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*SEE ATTACHED COPY*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

Attachment

9000 8719

#NO2000009676

EXHIBIT A  
ATTACHMENT FOR THE ARTICLE OF INCORPORATION FOR THE  
LAKE WALES ESTATES ASSOCIATION, INC.

Listing of all officers who are to serve till the first election designated in the By-Laws.

Dale Brown P 5095 Greyhound Ave. Lake Wales, Fl. 33859

Gwen Bettle V 4350 Crows Bluff Ave. Lake Wales, Fl. 33859

John Pelikan S/T 4450 Light House Ave. Lake Wales, Fl. 33859

Sally Allen D 4795 Schooner Ave. Lake Wales, Fl. 33859

~~Sue Brown D 5095 Greyhound Ave., Lake Wales, Fl. 33859~~

Bill Simmons D 4785 Schooner Ave. Lake Wales, Fl. 33859

Sam Bettle D 4350 Crows Bluff Ave. Lake Wales, Fl. 33859

Peggy Taylor D 4570 Crows Bluff Ave. Lake Wales, Fl. 33859

Chrissy Allen D 4555 Fruitville Ave. Lake Wales, Fl. 33859