

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90367 005 \*\*\*\*61.25

0013161

**DOCUMENT # N04750**

1. Entity Name

**INDIAN LAKES COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~C/O LINDA O'LOUGHLIN~~  
 2001 ST. MARTINS DR W  
 JACKSONVILLE FL 32246  
 US

~~C/O LINDA O'LOUGHLIN~~  
 2001 ST MARTINS DR W.  
 JACKSONVILLE FL 32246  
 US

2. Principal Place of Business

*C/O Linda Newhouse*

3. Mailing Address

*C/O Linda Newhouse*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2532318**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**O'LOUGHLIN, LINDA J. -**  
**2001 ST MARTINS DR. W.**  
**JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name

*Linda J. Newhouse*

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

*Linda J. Newhouse* *Linda J. Newhouse*

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 **VD** ☐ Delete  
 NAME **RITZERT, GREGORY**  
 STREET ADDRESS **2572 HOLLY POINT RD W**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **PD** ☐ Delete  
 NAME **O'LOUGHLIN, LINDA J.**  
 STREET ADDRESS **2001 ST. MARTINS DR W**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☒ Delete  
 NAME **EDDY, VIRGINIA**  
 STREET ADDRESS **P.O. BOX 953 N/A**  
 CITY-ST-ZIP **ORANGE PARK FL 32067**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME *Newhouse, Linda J.*  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
 NAME *TD William Canelos*  
 STREET ADDRESS *412 Sixteenth St.*  
 CITY-ST-ZIP *St. Augustine FL 32084*

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.

SIGNATURE

*Linda J. Newhouse* *Linda J. Newhouse* *4/23/01* *0401*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)