

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

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90225 032 \*\*\*\*\*61.25

**DOCUMENT # N05137**

1. Entity Name

**THE PROPERTY OWNERS ASSOCIATION OF LAKE PARKER E  
STATES, INC.**



Principal Place of Business

**1644 PARKER POINTE BLVD.  
ODESSA FL 33556  
US**

Mailing Address

**1644 PARKER POINTE BLVD.  
ODESSA FL 33556  
US**

2. Principal Place of Business

**6**

3. Mailing Address

**8056 Old CR 54**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**New Port Richey FL**

4. FEI Number **59-2927270**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34653**

**Pasco**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, LYNDIA  
1530 LAKE PARKER DR.  
ODESSA FL 33556**

7. Name and Address of New Registered Agent

Name

**Community Management**

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

**8056 Old CR 54**

City

**New Port Richey**

FL

Zip Code

**34653**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete  
NAME **PARKER, LYNDIA**  
STREET ADDRESS **1530 LAKE PARKER DR.**  
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **PD** ☒ Delete  
NAME **MONACO, TONY**  
STREET ADDRESS **1518 FISHING LAKE DR.**  
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **VPD** ☐ Delete  
NAME **YOUNG, BRADLEY**  
STREET ADDRESS **1532 FISHING LAKE DR.**  
CITY-ST-ZIP **ODESSA FL 33556**

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 **Darlene Lamoureux PD** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1329 Lunker Ct**  
CITY-ST-ZIP **Odessa FL 33556**

TITLE **Greg Sinter VP D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1472 Lake Parker Dr**  
CITY-ST-ZIP **Odessa FL 33556**

TITLE **Bee Kolar D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1410 Lake Parker Dr**  
CITY-ST-ZIP **Odessa FL 33556**

TITLE **John Rameca TD** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1430 Lake Parker Dr**  
CITY-ST-ZIP **Odessa FL 33556**

TITLE **Bob Magyar D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **13513 Lunker Ct**  
CITY-ST-ZIP **Odessa FL 33556**

TITLE **Ed Gerber D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1425 Fishing Lake Dr**  
CITY-ST-ZIP **Odessa FL 33556**

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

Date

Daytime Phone #

**7273759880**

CR2E037 (10/02)