

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13079

1. Entity Name

LAKE WALES ESTATES LAND AND HOMEOWNER'S ASSOCIAT ✓

Principal Place of Business

4930 SAND DOLLAR STREET
LAKE WALES FL 33853

Mailing Address

4930 SAND DOLLAR STREET
LAKE WALES FL 33853

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

59-2638652

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

KNUDSEN, DOLORES A
4930 SAND DOLLAR ST.
LAKE WALES FL 33853

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.

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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS HUMPHREY, LOIS
CITY-ST-ZIP 4690 LIGHTHOUSE AVE
LAKE WALES FL 33853 ☒ Delete

TITLE
NAME President
STREET ADDRESS Earl T. Walker
CITY-ST-ZIP 5195 Greyhound Ave
Lake Wales, FL 33853 ☐ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS BASS, DAVID
CITY-ST-ZIP 4930 GREYHOUND AVE
LAKE WALES FL 33853 ☐ Delete

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

TITLE
NAME SD
STREET ADDRESS KNUDSEN, DOLORES A
CITY-ST-ZIP 4930 SAND DOLLAR STREET
LAKE WALES FL 33853 ☐ Delete

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

TITLE
NAME TD
STREET ADDRESS KNUDSEN, DOLORES
CITY-ST-ZIP 4930 SAND DOLLAR STREET
LAKE WALES FL 33853 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Dolores A. Knudsen 7-7-00 863-537-5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90015 036 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)