

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90030 007 \*\*\*\*61.25

**DOCUMENT # N18498**

1. Entity Name

**VILLAGE LAKELAND HOME OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

THE CLUB HOUSE  
 3574 LAZY LAKE DRIVE, NORTH  
 LAKELAND FL 33801

THE CLUB HOUSE  
 3574 LAZY LAKE DRIVE, NORTH  
 LAKELAND FL 33801

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

**59-2752600**

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

Name

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

City

**FL**

Zip Code

~~SIND, WILLIAM J.~~ **James Elmore**  
~~431 LEISURE PLACE~~ **507 Lazy Lake Dr. W.**  
**Lakeland FL 33801**

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

**James Elmore**

**2-14-01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Delete  
 NAME ~~SPENCER, JAMES~~  
 STREET ADDRESS ~~3527 LAZY LAKE DR S~~  
 CITY-ST-ZIP ~~LAKELAND FL 33801~~

TITLE **Treasurer** ☒ Change ☐ Addition  
 NAME **Hutto, Patricia**  
 STREET ADDRESS **512 Leisure Pl.**  
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **C** ☒ Delete  
 NAME ~~SIND, WILLIAM~~  
 STREET ADDRESS ~~431 LEISURE PL~~  
 CITY-ST-ZIP ~~LAKELAND FL 33801~~

TITLE **Chairman of Board** ☒ Change ☐ Addition  
 NAME **James Elmore**  
 STREET ADDRESS **507 Lazy Lake Dr. W.**  
 CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **D** ☒ Delete  
 NAME **PRITZ, ANN**  
 STREET ADDRESS **442 PERCH PL**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **Nancy Spencer**  
 STREET ADDRESS **3527 Lazy Lake Dr. S.**  
 CITY-ST-ZIP **Lakeland FL 33801**

TITLE **P** ☐ Delete  
 NAME **ANNORINO, BART**  
 STREET ADDRESS **507 OAKRIDGE WEST**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **ELIZABETH HOOD**  
 STREET ADDRESS **528 Oakridge West**  
 CITY-ST-ZIP **Lakeland FL 33801**

TITLE **D** ☒ Delete  
 NAME **MCFIFFE, EMMA**  
 STREET ADDRESS **426 SKYLINE DR EAST**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **EMMA McNIFFE**  
 STREET ADDRESS **426 SKYLINE DR. EAST**  
 CITY-ST-ZIP **Lakeland FL 33801**

TITLE **D** ☒ Delete  
 NAME **GRESS, MICHAEL**  
 STREET ADDRESS **448 LEISURE PL**  
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **JAMES CONNORS - DIR.** ☒ Change ☐ Addition  
 NAME **528 BERKNOR DR**  
 STREET ADDRESS **Lakeland FL 33801**

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:

**Patricia Hutto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-01**

Date

**863-665-1950**

Daytime Phone #

CR2E037 (10/00)