

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20786

1. Entity Name

CROOKED LAKE TERRACE HOMEOWNERS' ASSOCIATION, IN

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90085 029 \*\*\*\*70.00

Principal Place of Business

Mailing Address

C/O JON RADNOTHY  
2709 REGAL POINT  
EUSTIS FL 32726  
US

C/O MELANIE BLAKENSHIP  
1748 LAKE TERRACE DRIVE  
EUSTIS FL 32726-5736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 952

City & State  
Eustis, FL

City & State  
Eustis, FL

Zip Country  
32727 USA

Zip Country  
32727 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2981250

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

SEMENTO, LAWERENCE J  
531 NORTH BAY STREET  
EUSTIS FL 32726

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**

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 ☒ Delete  
NAME VD  
STREET ADDRESS WILSON, PATRICK  
CITY-ST-ZIP 1745 LAKE TERRACE DRIVE  
EUSTIS FL 32726

TITLE ☐ Change ☒ Addition  
NAME GLEN PHILLIPS  
STREET ADDRESS 1800 LAKE TERRACE DR,  
CITY-ST-ZIP EUSTIS, FL 32726

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS RADNOTHY, JON  
CITY-ST-ZIP 2709 REGAL POINT  
EUSTIS FL 32726

TITLE ☒ Change ☒ Addition  
NAME PD  
STREET ADDRESS CHARLES CARTWRIGHT  
CITY-ST-ZIP 1715 LAKE TERRACE DR  
EUSTIS, FL 32726

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS BLAKENSHIP, MELANIE  
CITY-ST-ZIP 1748 LAKE TERRACE DRIVE  
EUSTIS FL 32726

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WORRELL, SCOTT  
CITY-ST-ZIP 1838 LAKE TERRACE DR  
EUSTIS FL 32726

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WEST, SKIP  
CITY-ST-ZIP 1840 LAKE TERRACE DR  
EUSTIS FL 32726

TITLE ☒ Change ☐ Addition  
NAME VD  
STREET ADDRESS SKIP WEST  
CITY-ST-ZIP 1840 LAKE TERRACE DR  
EUSTIS, FL 32726

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000 352-483-5880

Date

Daytime Phone #

CR2E037 (9/99)