

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90189 030 ****61.25

DOCUMENT # N20952

1. Entity Name

LAKESHORE/HEATHER LAKE AT THE MEADOWS HOMEOWNERS

Principal Place of Business

% GAS MGT
 3900 WOODLAKE BLVD #201
 LAKE WORTH FL 33467
 US

Mailing Address

GRS
 % GAS MGT
 3900 WOODLAKE BLVD #201
 LAKE WORTH FL 33467
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0047089

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LADWIG, PATTI HEIDER
 WELLINGTON COUNTRY PLAZA STE-1312
 12765 W FOREST HILL BLVD
 WELLINGTON FL 32414

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:
FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	DV PORCELLI, LORI 68 HEATHER COVE DR BOYNTON BEACH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOLOMON, HOWARD 1 HEATHER TRACE DR BOYNTON BEACH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ERSTLING, ROBERT 47 HEATHER COVE DR BOYNTON BEACH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GALL, CHRISTOPHER 7 MISTY LAUREL CIRCLE BOYNTON BEACH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ASHWORTH, JERRY 27 HEATHER COVE DR BOYNTON BEACH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gramkow, Douglas 18 Heather Cove Drive Boynton Bch, FL 33436	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Solomon, Howard 1 Heather Trace Drive Boynton Bch FL 33436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Brown, Earl 47 Misty Meadow Drive Boynton Bch, FL 33436	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gall, Christopher 7 Misty Laurel Circle Boynton Bch FL 33436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)