

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31888

1. Entity Name

THE SECOND FAIRWAYS OF LAKE PLACID HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

173 FAIRWAY DRIVE
LAKE PLACID FL 33852

Mailing Address

173 FAIRWAY DRIVE
LAKE PLACID FL 33852
US

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

NOT APPLICABLE

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

NATORSKI, THEODORE J.
173 FAIRWAY DRIVE
LAKE PLACID FL 33852

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 PD
NAME NATORSKI, THEODORE J.
STREET ADDRESS 173 FAIRWAY DRIVE
CITY-ST-ZIP LAKE PLACID FL

☐ Delete

TITLE SD
NAME BOYCE, HERBERT E.
STREET ADDRESS 171 FAIRWAY DRIVE
CITY-ST-ZIP LAKE PLACID FL

☐ Delete

TITLE D
NAME ORRELL, DAVID
STREET ADDRESS 175 FAIRWAY DRIVE
CITY-ST-ZIP LAKE PLACID FL

☐ Delete

TITLE D
NAME BLUMKE, RUSS
STREET ADDRESS 8209 MOORE ROAD
CITY-ST-ZIP ALASON MI

☐ Delete

TITLE D
NAME WHEELER, VIOLA
STREET ADDRESS 463 WAUREGAN ROAD
CITY-ST-ZIP DANIELSON CT

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: THEODORE J. NATORSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90048 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)