

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32567

1. Entity Name

NORTH LAKE PICKETT EASEMENT ASSOCIATION, INC.

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90892 016 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 660443
CHULUOTA FL 32766-0443
US

P.O. BOX 660443
CHULUOTA FL 32766-0443
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

59-3015309

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

WILLIAMS, DEBORAH A
1471 FT. CHRISTMAS RD
CHULUOTA FL 32766

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 D
NAME GOEKEN, BARBARA
STREET ADDRESS 2798 PICKETT DOWNS DR
CITY-ST-ZIP CHULUOTA FL ☐ Delete

TITLE D
NAME Tim Golden
STREET ADDRESS 2341 Kildare Dr
CITY-ST-ZIP Chuluota, FL 32766 ☐ Change ☒ Addition

TITLE D
NAME JOHNSON, JUDY
STREET ADDRESS 2745 MILLS CREEK ROAD
CITY-ST-ZIP CHULUOTA FL ☐ Delete

TITLE D
NAME JAY EVANS
STREET ADDRESS 2535 Hibbard Tr
CITY-ST-ZIP Chuluota FL 32766 ☐ Change ☒ Addition

TITLE D
NAME WILLIAMS, BRUCE
STREET ADDRESS 2401 WASSUM TR
CITY-ST-ZIP CHULUOTA FL ☐ Delete

TITLE D
NAME Mike Wilson
STREET ADDRESS 2701 WASSUM TR
CITY-ST-ZIP Chuluota, FL 32766 ☐ Change ☒ Addition

TITLE D
NAME HERSHEY, MICHEAL
STREET ADDRESS 1235 SULTAN CIRCLE
CITY-ST-ZIP CHULUOTA FL 32766 ☐ Delete

TITLE D
NAME MICHAEL HENRY
STREET ADDRESS 1235 SULTAN CIR.
CITY-ST-ZIP Chuluota, FL 32766 ☒ Change ☐ Addition

TITLE D
NAME GALVIN, GRACE ANN
STREET ADDRESS 2299 MILLS CREEK RD
CITY-ST-ZIP CHULUOTA FL ☐ Delete

TITLE D
NAME DAMON LAWRENSON
STREET ADDRESS 2450 WASSUM TR
CITY-ST-ZIP Chuluota, FL 32766 ☐ Change ☒ Addition

TITLE D
NAME ROSSEN, ED
STREET ADDRESS 1238 SECRETARIAT PL
CITY-ST-ZIP CHULUOTA FL 32766 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah A. Williams

Date

4/11/02

Daytime Phone #

407-3668068

CR2E037 (9/01)