

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35773

1. Entity Name

LAKE MYRTLE SHORES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90073 001 \*\*\*775.00

Principal Place of Business

Mailing Address

% GEORGE M. LINDSEY III  
520 S FLORIDA AVE  
LAKELAND FL 33801

% GEORGE M. LINDSEY III  
520 S FLORIDA AVE  
LAKELAND FL 33801-5229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2948262

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

LINDSEY, GEORGE M., III  
520 S FLORIDA AVE  
LAKELAND FL 33801

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 SD ☐ Delete  
NAME LINDSEY, GEORGE M., III  
STREET ADDRESS 1631 LAGOON PL  
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 510 Tiffany Terrace  
CITY-ST-ZIP Lakeland, FL 33813

TITLE TD ☐ Delete  
NAME GUERTIN, LISA C  
STREET ADDRESS 5655 BROOK LOOP  
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE PD ☐ Delete  
NAME SKIPPER, E.M.  
STREET ADDRESS 2901 OLD HOMELAND RD  
CITY-ST-ZIP BARTOW FL 33830

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 LISA C GUERTIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00  
Date

863-682-6173  
Daytime Phone #

CR2E037 (9/99)