

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38565

1. Entity Name

CLINCH LAKE PARK RESIDENTS ASSOCIATION, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90085 018 ****61.25

Principal Place of Business

1000 CLINCH BLVD
LOT 52
FROSTPROOF FL 33843
US

Mailing Address

1000 SOUTH CLINCH LAKE BOULEVARD
LOT 52
FROSTPROOF FL 33843-9140
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

59-3103618

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

GOEBELS, JACK
1000 CLINCH BLVD.
LOT 52
FROSTPROOF FL 33843

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 P ☐ Delete
NAME HARD, PEGGY
STREET ADDRESS 1000 CLINCH LAKE BLVD., #62
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE ☒ Change ☐ Addition
NAME Lot 9
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ROBERT DAUCH
STREET ADDRESS 1000 S. CLINCH LAKE. BLVD #8
CITY-ST-ZIP FROSTPROOF FL

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

TITLE S ☐ Delete
NAME DONALD G. HOWELL
STREET ADDRESS 1000 CLINCH BLVD STE 62
CITY-ST-ZIP FROSTPROOF FL

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

TITLE T ☐ Delete
NAME NICOLI, ROBERT
STREET ADDRESS 1000 S. CLINCH LAKE BLVD., #4
CITY-ST-ZIP FROSTPROOF FL 33843

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

TITLE D ☐ Delete
NAME ERICKSON, NORVAL
STREET ADDRESS 1000 S. CLINCH LAKE BLVD., #53
CITY-ST-ZIP FROSTPROOF FL 33843

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

TITLE D ☒ Delete
NAME MCNAIR, ROGER
STREET ADDRESS 1000 S CLINCH LAKE BLVD #41
CITY-ST-ZIP FROSTPROOF FL

TITLE D ☒ Change ☐ Addition
NAME JAMES McVIGAR
STREET ADDRESS 1000 S. CLINCH LAKE BLVD. # LOT 26
CITY-ST-ZIP FROSTPROOF, FLORIDA. 33843

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:

DONALD G. HOWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-635-9158

CR2E037 (9/99)