2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # N38565** 1. Entity Name CLINCH LAKE PARK RESIDENTS ASSOCIATION, INC. 01-30-2001 90105 001 ****61.25 Principal Place of Business Mailing Address 1000 CLINCH BLVD 1000 SOUTH CLINCH LAKE BOULEVARD CAATVIA FROSTPROFF FL 33843 FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3103618 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Blyx Number is Not Acceptable) GOEBELS, JACK 1000 CLINCH BLVD **LOT 52** Zip Code **5 2 8 o Э** FROSTPROOF FL 33843 FL 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 **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE NAME HARD, PEGGY NAME STREET ADDRESS STREET ADDRESS 1000 CLINCH LAKE BLVD., LOT 9 CITY-ST-7IP CITY-ST-7IP FROSTPROOF FL 33843 BARBARA COLE Delete TITLE TITLE Change ☐ Addition NAME ROBERT DAUCH NAME 1000 S. CLINCH LAKE BLUD. # 14 STREET ADDRESS STREET ADDRESS 1000 S. CLINCH LAKE, BLVD #8 ROSTPROOF, FL 33843 CITY-ST-ZIP CITY-ST-7IP FROSTPROOF FL TITLE Delete TITLE ~ Change ☐ Addition ¿ NAME DONALD G. HOWELL NAME STREET ADDRESS STREET ADDRESS 1000 CLINCH BLVD STE 62 CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL DONALD G. HOWELL Strange 11 1000 S. CLINCH LAKE BLUD. # 62 Delete TITLE NAME NICOLI, ROBERT STREET ADDRESS STREET ADDRESS 1000 S. CLINCH LAKE BLVD., #4 CITY-ST-ZIP TAROOF, KL 33843 CITY-ST-ZIP FROSTPROOF FL 33843 ☐ Delete TITLE Change ☐ Addition NAME NAME ERICKSON, NORVAL STREET ADDRESS STREET ADDRESS 1000 S. CLINCH LAKE BLVD., #53

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

SIGNATURE:

FROSTPROOF FL 33843

FROSTPROOF FL 33843

1000 S CLINCH LAKE BLVD. LOT 26

MC VIOAR, JAMES

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

EDONALD G. HOWELL 1-15-01 863-635-4441

Change

☐ Addition