## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N38565



## **FILED** Feb 24, 2005 8:00 am Secretary of State 02-24-2005 90047 012 \*\*\*\*61.25

CLINCH LAKE PARK RESIDENTS ASSOCIATION, INC.							
	DO NOT WRITE	IN THIS	SPAC	E		;	50018889
Principal Place of Business     1000 S Clinch Lake Boulevard     1000 S Clinch			ss ch Lake Boulevard		1	•	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	of, Florida	City & State Frostproof, Florida			4. FEI Number 59	-3103618	Applied For Not Applicable
Zip - 33843	- Country USA	33843			5. Certificate of Status Desired Fee Required		
			<del> </del>	Name Loo C		ss of Current Registered A	gent
	DO NOT WRITE			Lee C	Colling Attorney (P.O. Box Number is Not Acceptable)		
IN THIS SPACE			_		·		
				City	Maitland Avenue		Zip Code
The above named entity submits this statement for the purpose of changing its re				Altam	onte Springs,	FL he state of Florida Lam fam	32701
SIGNATURE	FEE IS \$61.25	and rife if applicable.	(NOTE: Brais in			7-21-07	Payable to
Initial or Amended UBR Trust Fund Con				tion.	Added to Fees Florida Department of State		
TITLE	P OFFICERS AND DIF	RECTORS	ππ	E			(50)
NAME STREET ADDRESS CITY-ST-ZIP	1000 S Clinch Lake Boulevard, Lot 51			ME REET ADDRESS Y-ST-ZIP			CR2E037B (12/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miriam VanderVelde 1000 S Clinch Lake Boulevard, Lot 23 Frostproof, FL 33843			LE ME MET ADDRESS Y-ST-ZIP			CRZE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marianne Orzehoski 1000 S Clinch Lake Boulevard, Lot 62 Frostproof, FL 33843		NAM STR	VE REET ADDRESS Y-ST-ZIP	DO	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brenda Beaty 1000 S Clinch Lake Boulevard, Lot 3 Frostproof, FL 33843			LE ME REET ADDRESS Y-ST-ZIP	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lois DeKalb 1000 S. Clinch Lake Boulevard, Lot 2 Frostproof, FL 33843			LE Me Reet address Y-ST-Zip			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	AME 1000 S Clinch Lake Boulevard, Lot 11			LE ME REET ADDRESS Y-ST-ZIP			
12. I hereby of indicated of the corrattachme	certify that the information supplied with I on this report or supplemental report is ropration or the receiver or trustee emp and with an address, with all other like en	this filing does not strue and accurate sowered to execute inpowered.		emption stated in Sature shall have the quired by Chapter		rida Statutes, I further certify f made under oath; that I am and that my name appears	



## Officers and Directors (continued)

Title

D

Name

Jack Wood

Street Address 1000 S Clinch Lake Boulevard, Lot 27

City-St-Zip

Frostproof, FL 33843