# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43457

**1. Entity Name**

Lago Del Sol Homeowners Association, Inc

Principal Place of Business: Lago del Sol Drive, Lake Worth, FL 33467

Mailing Address: C/O Bruce Gran, 2813 NE 27th St, Lighthouse Point FL 33064

00081880

**2. Principal Place of Business** Lago del Sol Dr
Suite, Apt. #, etc.
City & State: Lake Worth, FL
Zip: 33467 Country: Palm Beach

**3. Mailing Address** 2813 NE 27th St
Suite, Apt. #, etc.
City & State: Lighthouse Point, FL
Zip: 33064 Country: Broward

**4. FEI Number** 65-0484033

DO NOT WRITE IN THIS SPACE

Applied For ☐
Not Applicable ☐

**5. Certificate of Status Desired** ☐
**$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

Joel McClintock
5824 Lago del Sol Drive
Lake Worth, FL 33467

**7. Name and Address of New Registered Agent**

Name: Bruce R. Goran
Street Address (P.O. Box Number is NOT acceptable): 2813 NE 27 St
City: Lighthouse Point  FL  Zip Code: 33064

**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: Bruce R. Goran   _[signature]_   8-21-00
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 Joel McClintock / STREET ADDRESS 5824 Lago del Sol Dr / CITY-ST-ZIP Lake Worth, FL 33467 | ☐ Delete | TITLE PD / NAME Joel McClintock / STREET ADDRESS 5824 Lago del Sol drive / CITY-ST-ZIP Lake Worth, FL 33467 | ☒ Change ☐ Addition |
| TITLE VPD / NAME Rick Rossi / STREET ADDRESS 625 whispering Pines / CITY-ST-ZIP Boynton Beach, FL 33435 | ☒ Delete | TITLE TD / NAME John Meiers / STREET ADDRESS 5571 Lago del Sol Drive / CITY-ST-ZIP Lake Worth, FL 33467 | ☐ Change ☒ Addition |
| TITLE / NAME Britta Llewellyn / STREET ADDRESS 6577 Marissa Circle / CITY-ST-ZIP Lake Worth, FL 33467 | ☒ Delete | TITLE SD / NAME Clive Hiscock / STREET ADDRESS 7301 Nautical Dr / CITY-ST-ZIP Lake Worth, FL 33467 | ☐ Change ☒ Addition |
| TITLE D / NAME Sharon Thomann / STREET ADDRESS 5382 Steven Road / CITY-ST-ZIP Boynton Beach, FL 33437 | ☒ Delete | TITLE D / NAME Paul Studd / STREET ADDRESS 1212 Island Shores Dr / CITY-ST-ZIP West Palm Beach, FL 33413 | ☐ Change ☒ Addition |
| TITLE PD / NAME Craig Waller / STREET ADDRESS 12775 Spinnaker Dr / CITY-ST-ZIP Wellington, FL 33414 | ☐ Delete | TITLE D / NAME Craig Waller / STREET ADDRESS 12775 Spinnaker Dr / CITY-ST-ZIP Wellington, FL 33414 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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: X _[signature]_   X 8/21/00   X 561-252-5635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (9/99)