

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

0036120

**DOCUMENT # N43457**

1. Entity Name

**LAGO DEL SOL HOMEOWNERS ASSOCIATION, INC.**

02-26-2001 90519 046 \*\*\*\*61.25

Principal Place of Business

5824 LAGO DEL SOL DR  
 LAKE WORTH FL 33467

Mailing Address

C/O BRUCE GRAN  
 2813 NE 27TH STREET  
 LIGHTHOUSE POINT FL 33064

C0024405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0484033

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAN, BRUCE R**  
**2813 NE 27TH STREET**  
**LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	MCCLINTOCK, JOEL	
STREET ADDRESS	5824 LAGO DEL SOL DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROSSI, RICK	
STREET ADDRESS	625 WHISPERING PINES	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LLEWELLYN, BRITTA	
STREET ADDRESS	6577 MARISSA CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMANN, SHARON	
STREET ADDRESS	5382 STEVEN RD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLER, CRAIG	
STREET ADDRESS	12775 SPINNAKER LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLINTOCK, JOEL	
STREET ADDRESS	5824 LAGO DEL SOL DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL STUDD	
STREET ADDRESS	5748 LAGO DEL SOL DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIVE HISCOCK	
STREET ADDRESS	7361 NAUTICAL WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOHN MEIERS	
STREET ADDRESS	5571 LAGO DEL SOL DR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLER, CRAIG	
STREET ADDRESS	5792 LAGO DEL SOL DR	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *X 02/15/01* Daytime Phone #: *X 561-439-4174*

CR2E037 (10/00)