

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44094

1. Entity Name

LAKE ELLEN SHORES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90207 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

LAKE ELLEN SHORES H.O. ASSOC

LAKE ELLEN SHORES H.O. ASSOC

P.O. BOX 1122

% P.O. BOX 1122

CRAWFORDVILLE FL 32326

CRAWFORDVILLE FL 32326

US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

LAKE ELLEN SHORES H.O. ASSOC

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1122

City & State

City & State

CRAWFORDVILLE, FL

Zip

Country

Zip

Country

32326 WAKULLA

4. FEI Number

59-3120232

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WEBSTER, WILLIAM H.  
COURTHOUSE SQUARE  
CRAWFORDVILLE FL 32327

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 ☐ Delete

NAME SKEENS, RICHARD  
STREET ADDRESS 137 LAKE ELLEN SHORES DR  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete

NAME MONEY, GARLAND  
STREET ADDRESS 12 LAKESIDE COVE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete

NAME SMITH, RUBY  
STREET ADDRESS 64 LAKE ELLEN SHORES DR  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete

NAME NICHOLS, RANDALL  
STREET ADDRESS 21 LAKESIDE COVE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete

NAME BAUMAN, EARL  
STREET ADDRESS 88 LAKE ELLEN SHORES DR  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

i2. 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:

RUBY SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 850-926-4936  
Date Daytime Phone #

CF2E037 (9/99)