

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44094

1. Entity Name

LAKE ELLEN SHORES HOMEOWNERS ASSOCIATION, INC.

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90112 019 ****61.25

Principal Place of Business

Mailing Address

LAKE ELLEN SHORES H.O. ASSOC
P.O. BOX 1122
CRAWFORDVILLE FL 32326
US

LAKE ELLEN SHORES H.O. ASSOC
P.O. BOX 1122
CRAWFORDVILLE FL 32326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

WEBSTER, WILLIAM H.
COURTHOUSE SQUARE
CRAWFORDVILLE FL 32327

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

TITLE PD ☒ Change ☐ Addition
NAME STEVE SMITH
STREET ADDRESS 64 LAKE ELLEN SHORES DR,
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE VD ☒ Delete
NAME BAUMAN, EARL
STREET ADDRESS 88 LAKE ELLEN SHORES DRIVE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VD ☐ Change ☒ Addition
NAME FRANK PANZARINO
STREET ADDRESS 395 EMMETT WHALEY RD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME REGISTER, GARY
STREET ADDRESS 140 LAKE ELLEN SHORES DRIVE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☒ Change ☐ Addition
NAME EARL BAUMAN
STREET ADDRESS 88 LAKE ELLEN SHORES DRIVE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE D ☒ Delete
NAME SMITH, STEVE
STREET ADDRESS 64 LAKE ELLEN SHORES DRIVE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ Change ☒ Addition
NAME KATHY UNDERWOOD
STREET ADDRESS 11 CREEK SIDE COVE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Steve Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02

926-4936

Date

Daytime Phone #

CR2E037 (9/01)