

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47748

Entity Name

LAKE LOUISA & LAKE NELLIE OAKS HOMEOWNERS' ASSN.

**FILED**  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90080 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

BOX 120561

FL 34712

P.O. BOX 120561

CLERMONT FL 34712-0561

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3122921

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

Norma Heffron

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

9035 Mossy Oak Ln

City

Clermont

FL

Zip Code

34711

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

Norma Heffron HOA Sec 1 Trus.

1-30-2000

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

P  
GOUDY, JAN ☒ Delete  
9045 MOSSY OAK LN  
CLERMONT FL 34711

P  
Melinda Newton ☒ Change ☐ Addition  
9145 Mossy Oak Ln  
Clermont, FL 34711

V  
BROST, JOHN ☐ Delete  
9007 MOSSY OAK LANE  
CLERMONT FL 34711

☐ Change ☐ Addition

ST  
HEFFRON, NORMA ☐ Delete  
9035 MOSSY OAK LANE  
CLERMONT FL 34711

☐ Change ☐ Addition

D  
NEWTON, MELINDA ☒ Delete  
9145 MOSSY OAK LN  
CLERMONT FL 34711

D  
Lonny Izlar ☒ Change ☐ Addition  
9105 Mossy Oak Ln  
Clermont, FL 34711

D  
CLARK, SCOTT ☐ Delete  
11520 NELLIE OAKS BEND  
CLERMONT FL 34711

☐ Change ☐ Addition

D  
WIEDEMAN, JIM ☐ Delete  
9030 MOSSY OAL LN  
CLERMONT FL 34711

☐ 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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2000

352 242 9286

Date

Daytime Phone #

CR2E037 (9/99)