

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90103 040 ****70.00

UBR1013

DOCUMENT # N47748

1. Entity Name

LAKE LOUISA & LAKE NELLIE OAKS HOMEOWNERS' ASSN.

Principal Place of Business

Mailing Address

P.O. BOX 120561
 CLERMONT FL 34712

P.O. BOX 120561
 CLERMONT FL 34712

ADD: 561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3122921

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~HEFFRON, NORMA
 9035 MOSSY OAK LN
 CLERMONT FL 34711~~

Name **Barbara Shackelford**

Street Address (P.O. Box Number is Not Acceptable)
9036 Mossy Oak Lane

City **Clermont** FL Zip Code **34711**

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 *Barbara Shackelford*, *Barbara Shackelford* Secretary-Treasurer *1-17-01*
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 NAME STREET ADDRESS CITY-ST-ZIP	P NEWTON, MELINDA 9145 MOSSY OAK LN CLERMONT FL 34711	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROST, JOHN 9007 MOSSY OAK LANE CLERMONT FL 34711	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEFFRON, NORMA 9035 MOSSY OAK LANE CLERMONT FL 34711	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZLAR, LONNY 9105 MOSSY OAK LN CLERMONT FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, SCOTT 11520 NELLIE OAKS BEND CLERMONT FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEDEMAN, JIM 9030 MOSSY OAL LN CLERMONT FL 34711	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jeanette Sayre 9116 Mossy Oak Lane Clermont Fl 34711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fred Wettering 11535 Nellie Oaks Bend Clermont Fl 34711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Barbara Shackelford 9036 Mossy Oak Lane Clermont FL 34711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty J. Katch 11634 Nellie Oaks Bend 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: *Barbara Shackelford*, *Barbara Shackelford* 1-17-01 352-242-9579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)