

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N49718**

1. Entity Name

LAKE ELBERT COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**833 LAKE ELBERT COURT NE
WINTER HAVEN FL 33881**

Mailing Address

**833 LAKE ELBERT CT NE
WINTER HAVEN FL 33881
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

NOT APPLICABLE

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

**CRANO, MARIE ALICE
3995 US HWY 27 SO.
LAKE WALES FL 33859**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD BULL, ERIC W. 833 LAKE ELBERT COURT NE WINTER HAVEN FL 33881 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
|--|--|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TONJES, ARLENE C. 814 LAKE ELBERT COURT NE WINTER HAVEN FL 33881 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BETTY J. MOORE 816 LAKE ELBERT COURT WINTER HAVEN FL 33881 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GILMORE, GENEVA 826 LAKE ELBERT COURT NE WINTER HAVEN FL 33881 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TONJES, BRUCE A. 814 LAKE ELBERT COURT NE WINTER HAVEN FL 33881 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: ERIC W. BULL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JAN. 27/2001 (863)293-0624**

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90139 015 ****61.25

911680



DO NOT WRITE IN THIS SPACE