

# 2002 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

814 LAKE ELBERT CT

Suite, Apt. #, etc.

3. Mailing Address

814 LAKE ELBERT CT

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven FL

Zip

33881

Country

USA

Zip

33881

Country

USA

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

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

Bruce Tonjes  
814 LAKE ELBERT CT.  
Winter Haven FL 33881

7. Name and Address of New Registered Agent

Name Bruce Tonjes

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

814 LAKE ELBERT CT

City

Winter Haven

FL

Zip Code 33881

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

*Bruce A. Tonjes* Bruce A. Tonjes

1-21-02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BULL, ERIC W.	
STREET ADDRESS	833 LAKE ELBERT COURT NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, BETTY J	
STREET ADDRESS	816 LAKE ELBERT COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILMORE, GENEVA	
STREET ADDRESS	826 LAKE ELBERT COURT NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TONJES, BRUCE A	
STREET ADDRESS	814 LAKE ELBERT COURT NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Bruce Tonjes	
STREET ADDRESS	814 LAKE ELBERT CT	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Walker	
STREET ADDRESS	821 LAKE ELBERT CT	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Bruce A. Tonjes* Bruce A. Tonjes

Date

Daytime Phone #

1-21-02 (863) 534-0624

CR2E037 (9/01)