

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90003 034 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N92000000485

1. Entity Name
~~Joyce Proper~~
RESERVATION LAKES HOMEOWNERS ASSOC.

Principal Place of Business Mailing Address
Joyce Proper 1101 MOHICAN TRAIL
MULBERRY FL 33860

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Mulberry FL
Zip Country Zip Country
33860 DOLK

4. FEI Number Applied For
59-3155271 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Joyce Proper
1101 MOHICAN TRAIL
MULBERRY FL 33860

7. Name and Address of New Registered Agent
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 *Joyce Proper* 4-18-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	TITLE	NAME	STREET ADDRESS
	P. Roger Dennis	222 Cherokee Trail			
		MULBERRY FL 33860			
	V.P. Vivian Johnson	138 Algonquin Trail			
		MULBERRY FL 33860			
	SEC-TREA Joyce Proper	1101 MOHICAN TRAIL			
		MULBERRY FL 33860			
	D. Al Derry	304 Seminole			
		Mulberry FL 33860			
	D. William Preston	1100 MOHICAN TRAIL			
		MULBERRY FL 33860			

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: *Joyce Proper Secretary/Treasurer* 4-18-00 863-425-3237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)