2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # N9300001440 1. Entity Name LAKE DAMON SOUTH HOMEOWNERS ASSOCIATION, INC. 04-03-2000 90147 005 ****61.25 Principal Place of Business Mailing Address 338 GROVE CIRCLE 303 PEABODY CIR AVON PARK FL 33825-2274 AVON PARK FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0401623 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Janet W. Ruse</u> Street Address (P.O. Box Number is Not Acceptable) 338 Grove Circle WHITEHOUSE, J W 445 S COMMERCE AVENUE 33825 Avon Park, FL SEBRING FL 33870 City Zip Code 33825 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 ature, typed or printed name of registered agen (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change Addition TITLE NAME **EVANS, DIANE** NAME STREET ADDRESS 318 GROVE CIR STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP AVON PARK FL 33825 ☐ Change Addition TITLE DVP ☐ Delete TITLE MILLER, EARL STREET ADDRESS STREET ADDRESS 359 GROVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 Change Ch Addition TITLE D Delete TITLE ΤD NAME LEWIS, EUGENE Lewis, Eugene STREET ADDRESS STREET ADDRESS 357 Grove Circle 357 GROVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP Avon Park, FL 33825 <u>avon Park Fl 33825</u> **K** Addition TITLE DS TITLE Change **X**Delete Judy Wolff NAME NAME JEANETTE ROWE STREET ADDRESS STREET ADDRESS 326 GROVE CIR 322 Peabody Circle CITY-ST-ZIP CITY-ST-ZIF <u>Avon Park, FL</u> 33825 AVON PARK FL 33825 X X Delete TITLE ☐ Change X Addition TITLE NAME NAME SEIFART, GEORGIANA L John Yoder STREET ADDRESS 307 Grove Circle STREET ADDRESS 340 GROVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP Avon Park, FL 33825 <u>AVON PARK FL</u> ☐ Delete ☐ Change D TITLE Addition TITLE RUSE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 338 GROVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 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 REQUIRED Caper Luis 3/28/2000 863/452-5028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION OF DESCRIPTION O