

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004830

1. Entity Name

BLUE LAKE/BUE CYPRESS HOMEOWNERS' ASSOCIATION,

FILED

Feb 14, 2001 8:00 am  
Secretary of State

02-14-2001 90002 012 \*\*\*\*61.25

Principal Place of Business

12 SHADY LANE  
FREEPORT FL 32439  
US

Mailing Address

12 SHADY LANE  
FREEPORT FL 32439  
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

65-0440501

Applied For...

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCONIERS, ALTO W  
12 SHADY LN  
FREEPORT FL 32439

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

*Alto W. Sconiers*

(NOTE: Registered Agent signature required when reinstating)

DATE

*10 Feb 2001*

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 NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, MARK L 350 BLUE POND CIRCLE PONCE DE LEON FL 32455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCONIERS, ALTO W 12 SHADY LANE FREEPORT FL 32439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNER, SYLVIA L 36 BLUE POND CIRCLE PONCE DELEON FL 32455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORSEY, JIMMY P.O. BOX 1574 DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, JIMMY PO BOX 1574 DEFUNIAK SPRINGS FL 32433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	454 Blue Pond Circle Ponce De Leon, FL 32455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Fellows 1173 Blue Pond Lane Ponce De Leon, FL 32455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roger Wilson 3352 Lexington Road Montgomery, AL 36106	<input type="checkbox"/> Change <input checked="" 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:

*Alto W. Sconiers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Alto W. Sconiers*

*10 Feb 2001*  
*850 830 6970*

CR2E037 (10/00)