

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000003985**

1. Entity Name

OSCEOLA LAKEFRONT PROPERTY OWNERS ASSOCIATION, I

Principal Place of Business

P.O. BOX 363
ODESSA FL 33556
US

Mailing Address

P.O. BOX 363
ODESSA FL 33556-0363
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PIKE, TIMOTHY B
13730 PLAINVIEW RD.
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

David M. Westlake

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

19713 GUNN HWY.

City

Odessa

FL

Zip Code

33556

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

David M. Westlake, David M. Westlake, Sec/Treas. 4/28/00

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 ☐ Delete
NAME PIKE, TIMOTHY
STREET ADDRESS 13730 PLAINVIEW RD.
CITY-ST-ZIP ODESSA FLTITLE VD ☐ Delete
NAME HANK, FLOYD
STREET ADDRESS 19362 LAKE OSCEOLA LN
CITY-ST-ZIP ODESSA FLTITLE STD ☐ Delete
NAME WESTLAKE, DAVID
STREET ADDRESS 19713 GUNN HWY
CITY-ST-ZIP ODESSA FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President/Director ☒ Change ☐ Addition
NAME Kathy Stuck
STREET ADDRESS 19624 Lake Osceola Lane
CITY-ST-ZIP Odessa, FL 33556TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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.

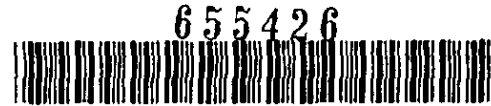
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Westlake, David M. Westlake 4/28/00 727-532-471

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE