

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002585

1. Entity Name

LAKE CRESCENT PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10660 LAKE RALPH DR.  
CLERMONT FL 34711  
US

Mailing Address

10660 LAKE RALPH DR.  
CLERMONT FL 34711-7868  
US

2. Principal Place of Business

11532 CRESCENT PINES BLVD

Suite, Apt. #, etc.

3. Mailing Address

11532 CRESCENT PINES BLVD

Suite, Apt. #, etc.

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

Zip

34711

Country

U.S.

Zip

34711

Country

U.S.

4. FEI Number

59-3323126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATERS, GREGORY  
10660 LAKE RALPH DR.  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

BRADWELL FLORENCE E

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

11532 CRESCENT PINES BLVD

City

CLERMONT

FL

Zip Code

34711

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

*Florence E Bradwell* FLORENCE E. BRADWELL

02/20/00

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 checked="" type="checkbox"/> Delete
NAME	WATERS, GREGORY	
STREET ADDRESS	10660 LAKE RALPH DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, VINCENT P	
STREET ADDRESS	11537 CRESCENT PINES BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, WANDA	
STREET ADDRESS	11641 CRESCENT PINES BLVD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADWELL FLORENCE E.	
STREET ADDRESS	11532 CRESCENT PINES BLVD	
CITY-ST-ZIP	CLERMONT, FL. 34711	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ KELLY R	
STREET ADDRESS	11524 CRESCENT PINES BLVD	
CITY-ST-ZIP	CLERMONT, FL. 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACK JAMES A.	
STREET ADDRESS	11747 CRESCENT PINES BLVD	
CITY-ST-ZIP	CLERMONT, FL. 34711	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADWELL THOMAS S III	
STREET ADDRESS	11532 CRESCENT PINES BLVD	
CITY-ST-ZIP	CLERMONT, FL. 34711	
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:

*Thomas S. Bradwell III* THOMAS S. BRADWELL III 02/20/00 352-241-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE