

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002585

1. Entity Name

LAKE CRESCENT PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

11532 CRESCENT PINES BLVD
CLERMONT FL 34711
US

Mailing Address

11532 CRESCENT PINES BLVD
CLERMONT FL 34711
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

59-3323126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADWELL, FLORENCE E
11532 CRESCENT PINES BLVD
CLERMONT FL 34711

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

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
NAME BRADWELL, FLORENCE E ☐ Delete
STREET ADDRESS 11532 CRESCENT PINES BLVD
CITY-ST-ZIP CLERMONT FL 34711

TITLE VD
NAME HERNANDEZ, KELLY R ☐ Delete
STREET ADDRESS 11524 CRESCENT PINES BLVD
CITY-ST-ZIP CLERMONT FL 34711

TITLE D
NAME PACK, JAMES A ☒ Delete
STREET ADDRESS 11747 CRESCENT PINES BLVD
CITY-ST-ZIP CLERMONT FL 34711

TITLE T
NAME BRADWELL, THOMAS S III ☐ Delete
STREET ADDRESS 11532 CRESCENT PINES BLVD
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME LEITHAUSER KENNETH L.
STREET ADDRESS 10633 LAKE RALPH DR
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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

FEB 18, 2001 352-241-0021

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90043 011 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)