

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90100 034 \*\*\*\*61.25

DOCUMENT # N95000004768

1. Entity Name

FRESHWATER LAKES HOMEOWNERS'  
ASSOCIATION, INC.



**DO NOT WRITE IN THIS SPACE**

10091254

2. Principal Place of Business

1151 FRESHWATER LAKES DR.

Suite, Apt. #, etc.

3. Mailing Address

1151 FRESHWATER LAKES DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WEST PALM BEACH

City & State  
WEST PALM BEACH

4. FEI Number 65-1129693

Applied For

Not Applicable

Zip  
33401

Country  
USA

Zip  
33401

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KEITH TAYLOR

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

1136 FRESHWATER LAKES DR.

City WEST PALM BEACH

FL

Zip Code  
33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Keith Taylor*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/03

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD - TAYLOR, KEITH  
1136 FRESHWATER LAKES DR.  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD - BYRD, QUEEN  
1163 FRESHWATER LAKES DR.  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD - VASQUEZ, TARA  
1151 FRESHWATER LAKES DR.  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Date

(561) 655-0271

Daytime Phone #

CR2E037B (12/02)