

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000275

1. Entity Name

LAKE CRESCENT PINES EAST HOMEOWNERS ASSOCIATION,

**FILED**  
May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90001 045 \*\*\*\*70.00

Principal Place of Business

2909 W. STATE ROAD 434  
SUITE 121-131  
LONGWOOD FL 32779

Mailing Address

PO BOX 121680  
CLERMONT FL 34712-1680

2. Principal Place of Business

P.O. Box 121680

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clermont Florida

City & State

4. FEI Number

59-3426910

Applied For

Not Applicable

Zip

34712-1680

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOEFLING, MARY  
10809 CRESCENDO LOOP  
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	<input checked="" type="checkbox"/> Delete
NAME	MCLAIN, ROBERT	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	KIRSHOFER, WILLIAM	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESEN, WILLIAM	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELM, HELENA	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOVOTNY, CHRISTINA M	
STREET ADDRESS	2909 W. STATE ROAD 434, #121-131	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGENSON, CRAIG	
STREET ADDRESS	PO BOX 121680	
CITY-ST-ZIP	CLERMONT FL 34712-1680	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Olson	
STREET ADDRESS	P.O. Box 121680	
CITY-ST-ZIP	Clermont FL 34712-1680	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Hoefling	
STREET ADDRESS	P.O. Box 121680	
CITY-ST-ZIP	Clermont FL 34712-1680	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aileen Costa	
STREET ADDRESS	P.O. Box 121680	
CITY-ST-ZIP	Clermont FL 34712-1680	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Targuine	
STREET ADDRESS	P.O. Box 121680	
CITY-ST-ZIP	Clermont FL 34712-1680	
TITLE	<del>Agent</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Agent</del>	
STREET ADDRESS	<del>P.O. Box 121680</del>	
CITY-ST-ZIP	<del>Clermont FL 34712-1680</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Jo Ann Boyer</del>	
STREET ADDRESS	<del>P.O. Box 121680</del>	
CITY-ST-ZIP	<del>Clermont FL 34712-1680</del>	

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

5-1-01

CR2E037 (10/00)