

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90081 007 ****61.25

DOCUMENT # N97000004388

1. Entity Name

LAKES & HILLS CHAPTER #5199 OF AARP, INC.



Principal Place of Business

**CLERMONT RECREATION CTR
466 MINEOLA ST
CLERMONT FL 34711
US**

Mailing Address

**MARTHA WILSON
4144 KINGSLEY ST.
CLERMONT FL 34711
US**

2. Principal Place of Business

CLERMONT REC CENTER

3. Mailing Address

15733 CHARTER OAKS TR

Suite, Apt. #, etc.

HOME

Suite, Apt. #, etc.

HOME

City & State

CLERMONT FLORIDA

City & State

CLERMONT FL 34711-8153

Zip

34711-8153

Country

S.L.

Zip

34711-8153

Country

S.L.

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
JOSEPH T. WATERS

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

15733 CHARTER OAKS TR

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

SIGNATURE

Joseph T. Waters
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, BARBARA	
STREET ADDRESS	4144 KINGSLEY ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMPBELL, JUNE	
STREET ADDRESS	102 PATRICIA ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARROLL, KARIN	
STREET ADDRESS	9739 WEDGEWOOD LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEEDOM, RICHARD SR	
STREET ADDRESS	1627 MORNING DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURRIS, DONALD	
STREET ADDRESS	1475 10TH ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRIX, NANCY	
STREET ADDRESS	2142 HELMSLEY CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH T. WATERS	
STREET ADDRESS	15733 CHARTER OAKS TRAIL	
CITY-ST-ZIP	CLERMONT FLORIDA 34711-8153	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES D. PETERSON	
STREET ADDRESS	3868 EVERS Holt ST	
CITY-ST-ZIP	CLERMONT FLORIDA 34711-5211	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRMA VICELLO	
STREET ADDRESS	4338 HAMERSCHMIDT ST	
CITY-ST-ZIP	CLERMONT FLORIDA 34711	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD LEEDOM	
STREET ADDRESS	1627 morning drive	
CITY-ST-ZIP	CLERMONT FLORIDA 34711	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD BURRIS	
STREET ADDRESS	1475 10th STREET	
CITY-ST-ZIP	CLERMONT FLORIDA 34711	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY HENDRIX	
STREET ADDRESS	2142 HELMSLEY CIRCLE	
CITY-ST-ZIP	CLERMONT FLORIDA 34711	

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:

Richard Leedom

2/14/03 (352) 242-9146

CR2E037 (10/02)