

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90384 043 ****61.25

DOCUMENT # N98000004523

1. Entity Name

LAKE LETTA RESTORATION ASSOCIATION, INC.

Principal Place of Business

**2540 S. LAKE LETTA DR.
 AVON PARK FL 33825**

Mailing Address

**2540 S. LAKE LETTA DR.
 AVON PARK FL 33825**

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

65-0851645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUTWELL, JOHN
 2540 S. LAKE LETTA DR.
 AVON PARK FL 33825**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	BYERS, MICHAEL	
STREET ADDRESS	2540 S. LAKE LETTA DR.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	☒ Delete
NAME	ENGEL, JUDIE	
STREET ADDRESS	2540 S. LAKE LETTA DR.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	TD	☐ Delete
NAME	BOUTWELL, JOHN	
STREET ADDRESS	2540 S. LAKE LETTA DR.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VP	☐ Delete
NAME	BARBEN, WILLIAM	
STREET ADDRESS	2093 HARTA OLSIE LANE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	☐ Delete
NAME	POLLARD, ELDRIDGE	
STREET ADDRESS	368 S. COMMERCE AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	☐ Delete
NAME	SMITH, CARL	
STREET ADDRESS	600 S. COMMERCE AVE	
CITY-ST-ZIP	SEBRING FL 33870	

TITLE	V. ONLY	☒ Change ☐ Addition
NAME	BYERS, MICHAEL	
STREET ADDRESS	2540 S. LAKE LETTA DR.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D. LEWIS, CARL MIKE	☐ Change ☒ Addition
NAME	600 S. COMMERCE AVE	
STREET ADDRESS	SEBRING, FL 33870	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.D.	☒ Change ☐ Addition
NAME	BARBEN, WILLIAM	
STREET ADDRESS	2093 HARTS DESIRE LANE	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D POLLARD, ELDRIDGE	☒ Change ☐ Addition
NAME	205 MINNIE RANCH RD	
STREET ADDRESS	SEBRING FL 33870	
CITY-ST-ZIP		
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:

John Boutwell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/02

Daytime Phone #

863 4522206

CR2E037 (9/01)