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

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 91049 043 ****61.25

DOCUMENT # N98000004523

1. Entity Name
LAKE LETTA RESTORATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2540 S. LAKE LETTA DR. AVON PARK FL 33825	2540 S. LAKE LETTA DR. AVON PARK FL 33825

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2434 S. LAKE LETTA DR.	2434 S. LAKE LETTA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AVON PARK, FL.	City & State: AVON PARK, FL.
Zip: 33825 Country: USA	Zip: 33825 Country: USA

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

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

7. Name and Address of New Registered Agent

Name: MARY JEAN BYERS
Street Address (P.O. Box Number is Not Acceptable): 2434 S. LAKE LETTA DR.
City: AVON PARK FL Zip Code: 33825

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: Mary Jean Byers MARY JEAN BYERS 4/4/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BYERS, MICHAEL 2540 S. LAKE LETTA DR. AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, MIKE 600 S COMMERCE AVE SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOUTWELL, JOHN 2540 S. LAKE LETTA DR. AVON PARK FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARY JEAN BYERS 2434 S. LAKE LETTA DR. AVON PARK, FL. 33825	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBEN, WILLIAM 2093 HARTA OLSIE LANE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLLARD, ELDRIDGE 205 MINNIE RANCH RD SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, CARL 600 S. COMMERCE AVE SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Mary Jean Byers SIGNATURE REQUIRED MARY JEAN BYERS 4/4/03 863-453-0594