2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # N99000000356 1. Entity Name LUCKY SEVEN HOMEOWNERS ASSOCIATION, INC. 03-02-2001 90096 018 ****61.25 Principal Place of Business Mailing Address LOT #26,3311 S.E. 33RD, TERR. LOT #26,3311 S.E. 33RD. TERR. OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0911968 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JOHNSON, GEORGE E LOT #26,3311 S.E. 33RD. TERR. **OKEECHOBEE FL 34974** City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 \mathtt{PD} ☐ Change ☐ Addition TITLE ☐ Delete TITLE JOHNSON, GEORGE E NAME NAME JOHNSON, GEORGE E STREET ADDRESS 3311 SE 33RD TERR LOT 26 STREET ADDRESS 3311 SE 33rd Terr Let 26 CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete TITLE ☐ Change Addition TITLE VIERLING, ROBERT NAME NAME VIERLING, ROBERT 3311 SE 33RD TERR LOT 18 STREET ADDRESS STREET ADDRESS 3311 SE 33RD TERR LOT 18 OKEECHOBEE, FL 34974 CITY-ST-ZIP **OKEECHOBEE FL 34974** CITY-ST-ZIP 🖺 Change STD TITLE ☐ Delete TITLE Addition AULD, RAYMOND LONGACRE, RALPH NAME NAME 3311 SE 33RD TERR LOT 22 STREET ADDRESS 3311 SE 33rd Terr Let 19 STREET ADDRESS CITY-ST-ZIP **OKEECHOBEE FL 34974** CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete TITLE Change ■ Addition TITLE

12. I hereby certify that the information supplied with this filling 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

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

Johnson, Pres. Ge ort ge SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-467-9577

Change

☐ Change

Addition

☐ Addition

CR2E037 (10/00)