

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000102689**1. Entity Name
LAKES & SPRINGS HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
1100 MAIN STREET
SUITE 211
LADY LAKE FL 32159
Mailing Address
P.O. BOX 1299
LADY LAKE FL 321581299

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
59-3431159Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURNSED R. DEWEY
1100 MAIN STREET
SUITE 211
LADY LAKE FL 32159
US

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 _____ 04/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	MORSE MARK	
STREET ADDRESS	1100 MAIN STREET, SUITE 211	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCLIN WALTER III	
STREET ADDRESS	1100 MAIN STREET, SUITE 211	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BURNSED R. DEWEY	
STREET ADDRESS	1100 MAIN STREET, SUITE 211	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSADO KRISTEN	
STREET ADDRESS	511 MEDICAL PLAZA DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. DEWEY BURNSED

DP

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)