



**Secretary of State**  
**Statement of Information**  
 (California Nonprofit, Credit Union and  
 General Cooperative Corporations)

SI-100

21-708103

103

**IMPORTANT** — Read instructions before completing this form.

**Filing Fee** — \$20.00;

**Copy Fees** — First page \$1.00; each attachment page \$0.50;  
 Certification Fee - \$5.00 plus copy fees

**FILED**  
 Secretary of State  
 State of California  
 MAY 21 2021

**1. Corporation Name** (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

Lakeport Yacht Cub

This Space For Office Use Only

**2. 7-Digit Secretary of State Entity Number**

0380809

**3. Business Addresses**

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

15 5th Street

City (no abbreviations)

Lakeport

State

CA

Zip Code

95453

b. Mailing Address of Corporation, if different than Item 3a

P O Box 313

City (no abbreviations)

Lakeport

State

CA

Zip Code

95453

**4. Officers**

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/

First Name

Michael

Middle Name

Last Name

Woodbury

Suffix

Address

City (no abbreviations)

State

CA

Zip Code

95453

P O Box 787

b. Secretary

First Name

Earl

Middle Name

Last Name

Nelson

Suffix

Address

City (no abbreviations)

State

CA

Zip Code

95453

P O Box 313

c. Chief Financial Officer/

First Name

Leonard

Middle Name

Last Name

Kashuba

Suffix

Address

City (no abbreviations)

State

CA

Zip Code

95453

2611 Withington Way

**5. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Leonard

Middle Name

Last Name

Kashuba

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

2611 Withington Way

City (no abbreviations)

Lakeport

State

CA

Zip Code

95453

**CORPORATION** — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 5a or 5b

**6. Common Interest Developments**

Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

**7. The information contained herein, including in any attachments, is true and correct.**

~~05/01/2021~~ Leonard W. Kashuba

Type or Print Name of Person Completing the Form

Treasurer

Title

*Leonard W. Kashuba*  
 Signature

DATE  
 MAY 01, 2021

*LWK* on 5/17/21