

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734976

1. Entity Name

LAKE HOWARD TERRACE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

208 E LAKE HOWARD DRIVE
WINTER HAVEN FL 33881

Mailing Address

208 E LAKE HOWARD DRIVE
WINTER HAVEN FL 33881

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1881821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EITNIER, DALE
208 E LAKE HOWARD DR #203
WINTER HAVEN FL 33881

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

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

TITLE P
NAME EITNIER, DALE
STREET ADDRESS 208 EAST LAKE HOWARD DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE VD
NAME SCHNEIDER, VICTOR
STREET ADDRESS 208 EAST LAKE HOWARD DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE D
NAME FARMER, ROBERT
STREET ADDRESS 208 E. LAKE HOWARD DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE DS
NAME FOX, LORI
STREET ADDRESS 208 E LAKE HOWARD DR
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90040 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)