

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91039 018 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1881821**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**Lori Fox**

Street Address (P.O. Box Number is Not Acceptable)

**208 E Lake Howard Dr #104**

City

**Winter Haven**

FL

Zip Code

**33881**

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 **Lori Fox, President**

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 **P** **VD** ☐ Delete  
NAME **EITNIER, DALE** **URIAS**  
STREET ADDRESS **208 EAST LAKE HOWARD DRIVE** **#403**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **P** ☐ Change ☒ Addition  
NAME **LOWELL NELSON**  
STREET ADDRESS **4213 Great Oak Road**  
CITY-ST-ZIP **Rockville, MD 20853**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **DAN SHIELDS**  
STREET ADDRESS **208 E Lake Howard Dr. #404**  
CITY-ST-ZIP **Winter Haven, FL 33881**

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

TITLE **S** ☐ Change ☒ Addition  
NAME **PATRICIA SHIELDS**  
STREET ADDRESS **208 E Lake Howard Dr #404**  
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **DS** **PD** ☐ Delete  
NAME **FOX, LORI**  
STREET ADDRESS **208 E LAKE HOWARD DR** **#104**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☒ Addition  
NAME **BARBARA CRIBBS**  
STREET ADDRESS **208 E Lake Howard Dr #203**  
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **SHARON J EDWARDS**  
STREET ADDRESS **208 E Lake Howard Dr #503**  
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition  
NAME **NORMAN C BREWER**  
STREET ADDRESS **208 E Lake Howard Dr #202**  
CITY-ST-ZIP **Winter Haven, FL 33881**

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 REQUIRED**

**Lori Fox 4-1-03 863-293-3100**

CR2E037 (10/02)