

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753892

1. Entity Name

LYNNWOOD ESTATES ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90110 037 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 720084
 ORLANDO FL 32872-7084

P.O. BOX 720084
 ORLANDO FL 32872-0084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2065707

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

STAINES, MERWIN R
 6801 CASTILLO CT
 ORLANDO FL 32822

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

Merwin R. Staines T/O S/O

4/3/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARCOMB, JULIA	
STREET ADDRESS	6608 POMPELL RD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BARE, TIM	
STREET ADDRESS	6970 MEDITERRANEAN RD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STAINES, MERWIN R.	
STREET ADDRESS	6801 CASTILLO CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STAINES, MERWIN R.	
STREET ADDRESS	6801 CASTILLO CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	CORDERO, GLADYS	
STREET ADDRESS	3024 SNATA LUCIA DR.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FORMICOLA, TONY	
STREET ADDRESS	6807 CASTILLO CT	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE	V. D.	<input checked="" type="checkbox"/> Addition
NAME	MADALYN TERWILLIGER	
STREET ADDRESS	6910 MEDITERRANEAN RD	
CITY-ST-ZIP	ORLANDO FLA 32822	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE USLER	
STREET ADDRESS	6974 GIBRALTER RD	
CITY-ST-ZIP	ORLANDO FLA 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUDREY NEUHARD	
STREET ADDRESS	6809 POMPELL RD	
CITY-ST-ZIP	ORLANDO FLA 32822	
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		

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:

Antonio E. Formicola Sr.

4-3-00

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/99)