

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-15-2001 90215 011 ****61.25

DOCUMENT # 753892

1. Entity Name

LYNNWOOD ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 720084
 ORLANDO FL 32872-7084

P.O. BOX 720084
 ORLANDO FL 32872-7084

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **LOUISE USLER**

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

6974 GIBRALTAR RD

City **ORLANDO**

FL

32822

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 *Louise Usher*

4-16-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	CD	<input checked="" type="checkbox"/> Delete
NAME	USLER, LOUISE	
STREET ADDRESS	6974 GIBRALTER ROAD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	CD	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	STAINES, MERWIN R.	
STREET ADDRESS	6801 CASTILLO CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEUHARD, AUDREY	
STREET ADDRESS	6809 POMPEI ROAD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FORMICOLA, TONY	
STREET ADDRESS	6807 CASTILLO CT	
CITY-ST-ZIP	ORLANDO FL 32822	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE USLER	
STREET ADDRESS	6974 GIBRALTAR RD	
CITY-ST-ZIP	ORLANDO, FLA. 32822	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND ZAMBORANO	
STREET ADDRESS	6843 GIBRALTAR RD	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY EXENKAMPER	
STREET ADDRESS	6964 POMPEII RD	
CITY-ST-ZIP	ORLANDO, FLA. 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEG MOSCARELLI	
STREET ADDRESS	6843 GIBRALTAR RD	
CITY-ST-ZIP	ORLANDO, FL. 32822	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRA UNDERWOOD	
STREET ADDRESS	6719 MEDITERRANEAN RD	
CITY-ST-ZIP	ORLANDO, FL 32822	

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:

Merwin R. Staines **REQUIRED**

3-12-2001

407-2757014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED037 (10/00)