

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90086 012 \*\*\*\*70.00

**DOCUMENT # 761466**

1. Entity Name

**LAKE MILLS SHORES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 621636  
 OVIEDO FL 32762-1636

P.O. BOX 621636  
 OVIEDO FL 32762-1636



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

**59-2660902**

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

**FRANK, RONALD A**  
**801 MILLSHORE DR.**  
**CHULUOTA FL 32766**

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:**  
**FEES 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: **DP**  Delete  
 NAME: **FRANK, RONALD A**  
 STREET ADDRESS: **801 MILLSHORE DR.**  
 CITY-ST-ZIP: **CHULUOTA FL 32766**

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

TITLE: **DVP**  Delete  
 NAME: **MCCARTHY, SEAN**  
 STREET ADDRESS: **837 NOCTURNE DR.**  
 CITY-ST-ZIP: **CHULUOTA FL 32766**

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

TITLE: **TD**  Delete  
 NAME: **MCALENEY, THOMAS**  
 STREET ADDRESS: **823 MAZURKA DR.**  
 CITY-ST-ZIP: **CHULUOTA FL 32766**

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

TITLE: **DS**  Delete  
 NAME: **WASHBURN, MILTON**  
 STREET ADDRESS: **932 EMERALD DR.**  
 CITY-ST-ZIP: **CHULUOTA FL 32766**

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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 lines empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/00** **407-365-5082**  
 Date Daytime Phone #

CR200007 10/00