

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 761466

FILED  
Mar 29, 2002 8:00 AM  
Secretary of State

Entity Name: LAKE MILLS SHORES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 621636  
OVIEDO, FL 327621636

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 621636  
OVIEDO, FL 327621636

**New Mailing Address:**

FEI Number: 59-2660902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: FRANK, RONALD A  
Address: 801 MILLSHORE DR.  
City-St-Zip: CHULUOTA, FL 32766

Title: DVP      ( ) Delete  
Name: MCCARTHY, SEAN  
Address: 837 NOCTURNE DR.  
City-St-Zip: CHULUOTA, FL 32766

Title: TD      ( ) Delete  
Name: MCALENEY, THOMAS  
Address: 823 MAZURKA DR.  
City-St-Zip: CHULUOTA, FL 32766

Title: DS      ( ) Delete  
Name: WASHBURN, MILTON  
Address: 932 EMERALD DR.  
City-St-Zip: CHULUOTA, FL 32766

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD A. FRANK

DP

03/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date