2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90167 029 ****61.25

DOCUMENT # 762353

1. Entity Name

LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2067 W LAKEVIEW BLVD NO FT MYERS FL 33903 US	2069 W LAKEVIEW BLVD BOX 12 NO FT MYERS FL 33903 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2243864 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, ALFRED G JR
2067 W LAKEVIEW BLVD
UNIT D-8
NO FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

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

UNIT D-11

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: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARREN, HARNER 2067 W. LAKEVIEW BLVD D-5 N. FT. MYERS FL 33403	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALBERT MELENDEZ 2067 W. LAKEVIEW BLVD N. FT MYERS FL 33903	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAKE, BARBARA 2069 W LAKEVIEW BLVD E-11 NO FORT MYERS FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REBECCA MIEURE 2069 W. LAKEVIEW BLVD E6 N FT MYERS FL 33903	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRICE, ALFRED G JR 2067 W LAKEVIEW BLVD D8 N FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-11	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMPAIR, SUSAN 2067 W. LAKEVIEW BLVD #E9 NO FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEBER, ROBERT 2065 W. LAKEVIEW BLVD. E-2 N. FT. MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 — 1-22-02 — 941-823-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #