


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90634 012 ****61.25

DOCUMENT # 767819

1. Entity Name
LAKE PINELOCH VILLAGE CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address

**C/O FIRST CAPITAL PROPERTY GROUP
602 EAST CHURCH STREET
ORLANDO FL 32801**

**C/O FIRST CAPITAL PROPERTY GROUP
602 EAST CHURCH STREET
ORLANDO FL 32801**

2. Principal Place of Business 3. Mailing Address

120 E Colonial **120 E. COLONIAL DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2397637** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIRST CAPITAL PROPERTY GROUP, INC.
602 E. CHURCH STREET
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
120 E. COLONIAL DR

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOKEY, HEIGH	
STREET ADDRESS	1210 ST TRONG CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	P	<input type="checkbox"/> Delete
NAME	SNYDER, RICHARD	
STREET ADDRESS	1251 LK WILLISAEA CT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHOWALTER, STUART	
STREET ADDRESS	1313 LAKE WILLISAZA CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	POLGAR, JULIAN	
STREET ADDRESS	1105 SALERNO CT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELROD, BARBARA	
STREET ADDRESS	1124 LAKE WILLISAW CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, WM	
STREET ADDRESS	2942 LK PINELOCH BLVD	
CITY-ST-ZIP	ORLANDO FL 32806	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOKEY HUGH	
STREET ADDRESS	1210 ST TRONG CIRCLE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1251 LAKE WILLISARA CIRCLE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE GRANT	
STREET ADDRESS	1243 LAKE WILLISARA CIRCLE	
CITY-ST-ZIP	ORL - 32806	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1124 LAKE WILLISARA CIRCLE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, WILLIAM	
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)(l), 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** **AGENT** **4/17/03**

CR2E037 (10/02)