

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13177

1. Entity Name

LONG LAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

7599 GROVEOAK DRIVE
ORLANDO FL 32810
US

Mailing Address

7599 GROVEOAK DRIVE
ORLANDO FL 32810-6046
US

2. Principal Place of Business

5055 N A1A SUITE 115

3. Mailing Address

5055 N A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 115

City & State

City & State

COCOA BEACH FL

Zip

Country

Zip

Country

32932 BREVARD

6. Name and Address of Current Registered Agent

HEADRICK, KAREN
229 AGUSTA WAY
MELBOURNE FL 32940

4. FEI Number

59-2665231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

7. Name and Address of New Registered Agent

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:
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 PD ☐ Delete
NAME HENDERSON, KAREN
STREET ADDRESS 229 AUGUSTA WAY
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ Delete
NAME STILWELL, EVA
STREET ADDRESS 7441 COVINA COURT
CITY-ST-ZIP ORLANDO FL 32810-6055

TITLE D ☒ Delete
NAME JONES, JONES
STREET ADDRESS 7527 GROVEOAK DRIVE
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SEC/TRES ☒ Change ☐ Addition
NAME KAREN HEADRICK
STREET ADDRESS 229 AUGUSTA WAY
CITY-ST-ZIP MELBOURNE FL 32940

TITLE PD ☒ Change ☒ Addition
NAME ROGER THOMPSON
STREET ADDRESS 7412 LITTLE POND CT
CITY-ST-ZIP ORLANDO FL 32810-6055

TITLE JD ☐ Change ☒ Addition
NAME STAN WAITE
STREET ADDRESS 7415 LITTLE POND CT
CITY-ST-ZIP ORLANDO FL 32810-6055

TITLE D ☐ Change ☒ Addition
NAME PAT SOTO
STREET ADDRESS 7433 COVINA CT
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

KAREN HEADRICK KAREN HEADRICK 1/12/00 321-432-3706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)