

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

DOCUMENT # N-31621
1. Entity Name
HOMEOWNERS of LACITA, PHASE II

FILED

02 JUL 24 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300006856039--1
-08/01/02--01051--018
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 740 LAKEWOOD LANE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2095 Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State TITUSVILLE, FLORIDA	City & State TITUSVILLE, FLORIDA	4. FEI Number 59-2949018	Applied For Not Applicable
Zip 32780	Country USA	Zip 32780-2095	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SANDRA CLARKE

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

City
TITUSVILLE

FL Zip Code
32780

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 *Sandra Clarke* **321-268-9038**
Signature, typed or printed name of registered agent and title if applicable. (NO I.L.: Registered Agent signature required when resigning) DAIL

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	--	------------------------------------	--

10: OFFICERS AND DIRECTORS			
TITLE P/D	NAME SANDRA CLARKE	TITLE	NAME
STREET ADDRESS 740 LAKEWOOD LANE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TITUSVILLE, FL 32780	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VP/D	NAME YVONNE HUSKIN	TITLE	NAME
STREET ADDRESS 740 LAKEWOOD LANE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TITUSVILLE, FL 32780	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE T/D	NAME RICHARD WAITE	TITLE	NAME
STREET ADDRESS 2430 LACITA LANE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TITUSVILLE, FL 32780	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE S/D	NAME FRANK BROWNE	TITLE	NAME
STREET ADDRESS 640 LAKEWOOD LANE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TITUSVILLE, FL 32780	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE D	NAME CHUCIC LESLIE	TITLE	NAME
STREET ADDRESS 685 LAKEWOOD LANE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP TITUSVILLE, FL 32780	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Clarke* **SANDRA CLARKE** **6/24/02** **321-268-9038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)