

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90262 038 ****61.25

DOCUMENT # N33616

1. Entity Name

LAKE OF THE WOODS OF JACARANDA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**899 WOODBRIDGE DRIVE
 VENICE FL 34293
 US**

**~~899 WOODBRIDGE DRIVE~~
~~VENICE FL 34293~~
 US**

001013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Lighthouse Mgmt. & Realty
 Suite, Apt. #, etc.

Lighthouse Management
 Suite, Apt. #, etc.

16 Church Street
 City & State

16 Church Street
 City & State

Osprey, FL

Osprey, FL

4. FEI Number

65-0137024

Applied For

Not Applicable

Zip
34229

Country
US

Zip
34229

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRY, JAMES A
 899 WOODBRIDGE DRIVE
 VENICE FL 34293**

Name

Grace Iosue

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

560 Lake of the Woods Dr

City

Venice

FL

Zip Code

34293

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

Grace Iosue

Grace Iosue, President

3-21-02

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 **PD** ☒ Delete
 NAME **CONARD, JAMES**
 STREET ADDRESS **899 WOODBRIDGE DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Grace Iosue**
 STREET ADDRESS **560 Lake of the Woods Drive**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE **VPD** ☒ Delete
 NAME **BEECH, ROBERT**
 STREET ADDRESS **899 WOODBRIDGE DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Larry Basta**
 STREET ADDRESS **529 Laurel Cherry Lane**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE **SD** ☒ Delete
 NAME **WYNNE, JOHN**
 STREET ADDRESS **899 WOODBRIDGE DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Dennis D'Alessio**
 STREET ADDRESS **845 Wood Sarrel Lane**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE **TD** ☒ Delete
 NAME **ENYART, CLARENCE**
 STREET ADDRESS **899 WOODBRIDGE DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **TD** ☐ Change ☒ Addition
 NAME **John Siegfried**
 STREET ADDRESS **531 Laurel Cherry Lane**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE **D** ☒ Delete
 NAME **FRIEDLANDER, BRUCE**
 STREET ADDRESS **899 WOODBRIDGE DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
 NAME **Manfred Klatt**
 STREET ADDRESS **511 Lake of the Woods Drive**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition
 NAME **J. Lloyd Keith**
 STREET ADDRESS **16 Church Street**
 CITY-ST-ZIP **Osprey, FL 34229**

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

Grace Iosue

Grace Iosue, President

941-496-4766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)