

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90162 042 ****61.25

DOCUMENT # N33616

1. Entity Name

LAKE OF THE WOODS OF JACARANDA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**LIGHTHOUSE MGMT & REALTY
16 CHURCH STREET
OSPREY FL 34229
US**

Mailing Address
**LIGHTHOUSE MGMT & REALTY
16 CHURCH STREET
OSPREY FL 34229
US**

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 **65-0137024**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**IOSUE, GRACE
560 LAKE OF THE WOODS DR
VENICE FL 34293**

7. Name and Address of New Registered Agent

Name **John Siegfried**
Street Address (P.O. Box Number is Not Acceptable)
**Lighthouse Mgmt
16 Church St.**
City **Osprey** FL Zip Code **34229**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **IOSUE, GRACE**
STREET ADDRESS **560 LAKE OF THE WOODS DR**
CITY-ST-ZIP **VENICE FL 34293**

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

TITLE **VPD** ☐ Delete
NAME **BASTA, LARRY**
STREET ADDRESS **529 LAUREAL CHERRY LANE**
CITY-ST-ZIP **VENICE FL 34293**

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

TITLE **SD** ☐ Delete
NAME **D'ALESSIO, DENNIS**
STREET ADDRESS **845 WOOD SARREL LANE**
CITY-ST-ZIP **VENICE FL 34293**

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

TITLE **TD** ☐ Delete
NAME **SIEGFRIED, JOHN**
STREET ADDRESS **531 LAUREL CHERRY LANE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KLATT, MANFRED**
STREET ADDRESS **511 LAKE OF THE WOODS DRIVE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **KEITH, J LLYOD**
STREET ADDRESS **16 CHURCH STREET**
CITY-ST-ZIP **OSPREY FL 34229**

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/22/03 941 496-508

CR2E037 (10/02)