

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91208 028 ****61.25

DOCUMENT # N97000004545

1. Entity Name

LAKE FISCHER ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

~~5695-BEGGS ROAD~~
~~SUITE B-100~~
~~ORLANDO FL 32810~~

~~5695-BEGGS ROAD~~
~~SUITE B-100~~
~~ORLANDO FL 32810~~
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O LIGHTHOUSE MGMT.

C/O LIGHTHOUSE MGMT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 0774

PO BOX 0774

City & State

City & State

WINDERMERE, FL

WINDERMERE, FL

4. FEI Number

59-3471341

Applied For

Not Applicable

Zip

Country

Zip

Country

34786-0774

US

34786-0774

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

~~SUTHERLAND, THERESA D~~
~~5695-BEGGS ROAD~~
~~SUITE B-100~~
~~ORLANDO FL 32810~~

Name **Robert L. Taylor**

Street Address (P.O. Box Number is Not Acceptable)
850 Concourse Pkwy. S.
Suite 105

City **Maitland**

FL Zip Code **32751**

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

Robert L. Taylor

5/28/02

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 **TORRO, MAGGIE**
 STREET ADDRESS **12001 SCIENCE DR SUITE 160**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **PD** Change Addition
 NAME **JAI ME JARAMILLO**
 STREET ADDRESS **9108 LK COVENTRY CT**
 CITY-ST-ZIP **GOTHA, FL 34734**

TITLE **DS** Delete
 NAME **KUSH, ROBERT M**
 STREET ADDRESS **6767 N. WICKAM ROAD, SUITE 500**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **VP D** Change Addition
 NAME **CORB SARCHET**
 STREET ADDRESS **107 LK DARBY PL**
 CITY-ST-ZIP **GOTHA, FL 34734**

TITLE **DT** Delete
 NAME **ALVAREZ, CHRIS**
 STREET ADDRESS **6767 N. WICKAM ROAD, SUITE 500**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **SD** Change Addition
 NAME **MILLIE SOTO**
 STREET ADDRESS **125 LK DARBY PL**
 CITY-ST-ZIP **GOTHA, FL 34734**

TITLE **VD** Delete
 NAME **DURKIN, TIM**
 STREET ADDRESS **12001 SCIENCE DR SUITE 160**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **T D** Change Addition
 NAME **JACK GUESS**
 STREET ADDRESS **9024 LK FISCHER BLVD**
 CITY-ST-ZIP **GOTHA, FL 34734**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **VIANA TOLER**
 STREET ADDRESS **9101 LK COVENTRY CT**
 CITY-ST-ZIP **GOTHA, FL 34734**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **ANTHONY HOLLIS**
 STREET ADDRESS **900 LK FISCHER BLVD**
 CITY-ST-ZIP **GOTHA, FL 34734**

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: *Jai Me Jaramillo* **JAI ME JARAMILLO, PRESIDENT.** 4-10-02 813 5465315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)