

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


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90156 040 ****61.25

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DOCUMENT # N97000004986

1. Entity Name
LAKE RICHMOND ESTATES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**2849 WILLIE MAYS PARKWAY
ORLANDO FL 32811-5568**

Mailing Address
**2849 WILLIE MAYS PARKWAY
ORLANDO FL 32811-5568**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3014 Grandola Dr.

3. Mailing Address
3014 Grandola Dr.

Suite, Apt. #, etc.

City & State
Orlando Florida

City & State
Orlando Florida

Zip
32811

Country
USA

Zip
32811

Country
USA

4. FEI Number **59-3474473**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, PATSY
2849 WILLIE MAYS PARKWAY
ORLANDO FL 32811-5568**

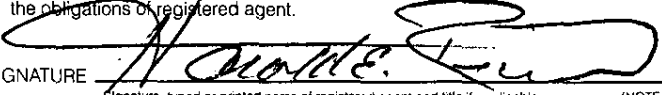
7. Name and Address of New Registered Agent

Name **Harold E. Reid**

Street Address (P.O. Box Number is Not Acceptable)
3014 Grandola Dr.

City **Orlando** FL Zip Code **32811**

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) 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, PATSY	
STREET ADDRESS	2849 WILLIE MAYS PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32811-5568	
TITLE	D	<input type="checkbox"/> Delete
NAME	CEASAL, ALEXANDER	
STREET ADDRESS	3037 GRANDOLA DR	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ANNETTE	
STREET ADDRESS	3025 WILLIE MAYS PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEMISON, ALBERIC	
STREET ADDRESS	2466 MESSINA AVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	4687 VARGAS ST	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	WALKER, CORRINE	
STREET ADDRESS	2938 GRANDOLA DR	
CITY-ST-ZIP	ORLANDO FL 32811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reid Harold E	
STREET ADDRESS	3014 Grandola Dr.	
CITY-ST-ZIP	Orlando FLA 32811	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLIE WALKER	
STREET ADDRESS	2938 GRANDOLA DR	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Wilson	
STREET ADDRESS	4540 Alhama St.	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

CR2E037 (10/02)