

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90796 013 \*\*\*\*61.25

**DOCUMENT # N98000000351**

1. Entity Name

**NON SHAREHOLDERS OWNERS ASSOCIATION OF LAKEWOOD VILLAGE, INCORPORATED**

Principal Place of Business

Mailing Address

LOT #258  
 1455 90TH AVE  
 VERO BEACH FL 32966

LOT #258  
 1455 90TH AVE  
 VERO BEACH FL 32966

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

**65-0794937**

Applied For

Not Applicable

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

**SCHLOW, MARTHAMAE C**  
**LOT #258**  
**1455 90TH AVE**  
**VERO BEACH FL 32966**

Name

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

City

**FL**

Zip Code

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

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~~  
 NAME: ~~DOYLE, RICHARD~~  Delete  
 STREET ADDRESS: ~~1455 90TH AVE #A36~~  
 CITY-ST-ZIP: ~~VERO BEACH FL 32966~~

TITLE: **PD**  
 NAME: **RON W. SCHERRER**  Change  Addition  
 STREET ADDRESS: **1455, 90TH AVE, #A42**  
 CITY-ST-ZIP: **VERO BEACH, FL 32966**

TITLE: ~~VPD~~  
 NAME: ~~DERYCKE, LOIS~~  Delete  
 STREET ADDRESS: ~~1455 90TH AVENUE, #257~~  
 CITY-ST-ZIP: ~~VERO BEACH FL 32966~~

TITLE: **NPD**  
 NAME: **KAREN ASSBLIN**  Change  Addition  
 STREET ADDRESS: **1455, 90TH AVE, #148**  
 CITY-ST-ZIP: **VERO BEACH, FL 32966**

TITLE: ~~SD~~  
 NAME: ~~CASTELLANO, CARMELA~~  Delete  
 STREET ADDRESS: ~~1455 90TH AVENUE, #180~~  
 CITY-ST-ZIP: ~~VERO BEACH FL 32966~~

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

TITLE: ~~TD~~  
 NAME: ~~CALLAWAY, NANCY~~  Delete  
 STREET ADDRESS: ~~1455 90 AVE #278~~  
 CITY-ST-ZIP: ~~VERO BEACH FL 32966~~

TITLE: **TD**  
 NAME: **LINDA SCHERRER**  Change  Addition  
 STREET ADDRESS: **1455, 90TH AVE, #A42**  
 CITY-ST-ZIP: **VERO BEACH, FL 32966**

TITLE: ~~D~~  
 NAME: ~~URGUNARI, ROSEMARY~~  Delete  
 STREET ADDRESS: ~~1455 90TH AVE #240~~  
 CITY-ST-ZIP: ~~VERO BEACH FL 32966~~

TITLE: **D**  
 NAME: **AL BONTI**  Change  Addition  
 STREET ADDRESS: **1455, 90TH AVE, #286**  
 CITY-ST-ZIP: **VERO BEACH, FL 32966**

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:  Delete

TITLE: **D**  
 NAME: **NANCY LISTON**  Change  Addition  
 STREET ADDRESS: **1455, 90TH AVE, #A6**  
 CITY-ST-ZIP: **VERO BEACH, FL 32966**

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-15-02 772-794-9860**

CR2E037 (9/01)