

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006354

Amended

1. Entity Name

LAKE FANTASIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8350 Fantasia Park Way
Riverview, FL 33569

8350 Fantasia Park Way
Riverview, FL 33569

2. Principal Place of Business

8350 Fantasia Park Way

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Riverview, FL

City & State

4. FEI Number

59-3545911

Applied For

Not Applicable

Zip
33569

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOEHRING, ROLAND A.
6428 Renwick Circle
Tampa, FL 33647

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 D/P
NAME Goehring, Roland
STREET ADDRESS 6428 Renwick Circle
CITY-ST-ZIP Tampa, FL 33647 ☒ Delete

TITLE D/P
NAME Newby, Todd
STREET ADDRESS 3801 Bee Ridge Road Suite 12
CITY-ST-ZIP Sarasota, FL 34233 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D/VP
NAME Goehring, David
STREET ADDRESS 3604 Floyd Road
CITY-ST-ZIP Tampa, FL 33618 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D/S/T
NAME Newby, Tim
STREET ADDRESS 3801 Bee Ridge Road Suite 12
CITY-ST-ZIP Sarasota, FL 34233 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Todd N. Newby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-00

941.923.1456

Date

Daytime Phone #

FILED

00 DEC 11 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA