

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

0057486

DOCUMENT # N98000006354

1. Entity Name

LAKE FANTASIA HOMEOWNERS ASSOCIATION, INC.

04-14-2001 90040 046 *****61.25

Principal Place of Business

Mailing Address

**8350 FANTASIA PARK WAY
RIVERVIEW FL 33569
US**

**8350 FANTASIA PARK WAY
RIVERVIEW FL 33569
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

59-3545911

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

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GOEHRING, ROLAND
6428 RENWICK CIRCLE
TAMPA FL 33647** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
NEWBY, TODD
3801 BEE RIDGE ROAD, SUITE 12
SARASOTA FL 34233** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
GOEHRING, DAVID
3604 FLOYD ROAD
TAMPA FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/S/T
Newby, Tim
3801 Bee Ridge Road Suite 12
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:

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

4-6-01

941-923-1456

Date

Daytime Phone #

CR2E037 (10/00)