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Secretary of State
05-17-2002 90039 016 ****61.25

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

DOCUMENT # N98000006354

1. Entity Name

LAKE FANTASIA HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8350 FANTASIA PARK WAY	6428 RENWICK CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVERVIEW, FL	City & State: TAMPA, FL
Zip: 33569 Country: HILLSB.	Zip: 33647 Country: HILLSB.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3545911 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ROLAND A. GOEHRING

Street Address (P.O. Box Number is Not Acceptable): 6428 RENWICK CIRCLE

City: TAMPA FL 33647

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing

FEI Number if Applied For

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROLAND A. GOEHRING
STREET ADDRESS	6428 RENWICK CIRCLE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D/VP
NAME	DAVID R. GOEHRING
STREET ADDRESS	3604 FLOYD ROAD
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Roland A. Goehring 4-26-02 813-631-0172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Roland A. Goehring