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

Attachment

FILED
May 22, 2003 8:00 am
Secretary of State
04-28-2003 90299 006 ****61.25

55043009

DOCUMENT # N98000006354

1. Entity Name
LAKE FANTASIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8350 FANTASIA PARK WAY RIVERVIEW FL 33569 US	6428 RENWICK CIRCLE TAMPA FL 33647 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	12401 N. 22nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. H-304
City & State	City & State Tampa, FL
Zip / Country	Zip 33612 / 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) 12401 N. 22nd St. H-304 City Tampa FL Zip Code 33612

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOEHRING, ROLAND A 6428 RENWICK CIRCLE TAMPA FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.-V.P- Sec-Treas. 12401 N. 22nd St. H-304 Tampa FL 33612	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GOEHRING, DAVID 3604 FLOYD ROAD TAMPA FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST NEWBY, TIM 3801 BEE RIDGE ROAD SUITE 12 SARASOTA FL 34233	☒ 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	DVP Jim Barfield 8350 Fantasia Parkway Riverview FL 33569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Peter J. Kelly 100 South Ashley Dr Suite 1300 Tampa Fla 33601-3333	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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