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

## DOCUMENT # N98000006929

1. Entity Name

## LEA MARIE ISLAND PROPERTY OWNERS ASSOCIATION, IN C.



FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90069 011 \*\*\*\*61.25

C.							ļ				
Principal Place of Business Mai				g Address	<u>_</u>						
2821 EL JOBEAN ROAD 282				2821 EL JOBEAN ROAD PORT CHARLOTTE FL 33948							
								. 1 <b>6</b> 131 <b>61</b> 311 <b>61</b> 111 <b>36</b> 111 <b>60</b> 111 <b>61</b> 111	<b>.</b>	IN 1811 1821	
2. Principal Place of Business			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 65-1042800 Applied For				7	
Zip Country			Zip	Zip Country		у	5. Certificate of Stat		\$8.75 Ad		1
6. Name and Address of Current Regis			Registere	d Agent	L		7 Name and Addre	ess of New Registered A	ee Require	ed	┥
						Name	TO THE WAY AND PLOUD		gent		1
GUNDERSON, MIKO P				ترسستي المست	77.	Street Address (	P.O. Box Number is No	t Acceptable)	ej = ,		+
	acida roai	)				<del></del>			· · · · · · · · · · · · · · · · · · ·		
SUITE 2		222									
ENGLEWOOD FL 34223					(	City		FL	Zip Cod	e	1
8. The abov	e named entit	y submits this statement fo	r the purpo	ose of changing its	registered o	office or register	red agent, or both, in th	e State of Florida. I am fa	<u></u>	and accept	1
	ations of regist	ered agent.									
SIGNATURE	2	<b>"</b> :									
J		or printed name of registered agent	and title if appli	cable. (NOTE	: Registered Ag	ent signature required	d when reinstating)	DATE			1
£9	100				_						1
FILE NOW: FEE IS \$61.25				Section Campaign Finar     Trust Fund Contribution,		ncing	\$5.00 May Be Added to Fees	Make Check Florida Departi			
10.		OFFICERS AND DIF	RECTORS		11.	,	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10	1
TITLE	D	0 ATE /EN		☐ Delete	TITLE				☐ Change	Addition	ć
NAME STREET ADDRESS	LOMBARD	D, STEVEN OBEAN ROAD			NAME Street al	ANDEGG					2
CITY-ST-ZIP		RLOTTE FL 33948			CITY-ST-	l l					5
TITLE	D		-	☐ Delete	TITLE		T-0.4		☐ Change	Addition	1
NAME	LOMBARD				NAME	İ			•	_	١
STREET ADDRESS CITY-ST-ZIP		DBEAN ROAD			STREET AL						{
TITLE	n	RLOTTE FL 33948		☐ Delete		GF				P-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1
NAME	PASAK, JO	SEPH F		L Delete	TITLE NAME				☐ Change	Addition	ļ
STREET ADDRESS	2821 EL-JO	DBEAN ROAD	به حدد مختر م	معاملات والسسا	STREET-AC	ODRESS = =====	<del></del>		٠	-	
CITY-ST-ZIP	PORT CHA	RLOTTE FL 33948			CITY-ST-2	ZIP					
TITLE				Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS					, name Street ad	IDBECC					
CITY-ST-ZIP					CITY-ST-Z	1					
TITLE				☐ Delete	TITLE				☐ Change	Addition	
NAME					NAME						
STREET ADDRESS CITY-ST-ZIP					STREET AD						
	· · · · · ·			F-1 .	CITY-ST-Z	TIP				<del></del>	
TITLE	Ī			Delete	TITLE	ı		1	☐ Change	Addition	1
NAME						1			Unange		1
NAME Street address					NAME STREET AD	DRESS		'	Gliange		

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:

SON THE BLOUPED!

3-6-03

941 624-5720