

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N38487**

1. Entity Name

LAKE OLYMPIA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**820 PALMWAY ST
KISSIMMEE FL 34744
US****820 PALMWAY ST
KISSIMMEE FL 34744-4542
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

59-3110789

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DRAZ, VICKI
WORLD OF HOMES
820 PALMWAY ST
KISSIMMEE FL 34744**

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

TITLE **PD** ☐ Delete
NAME **ROBERTS, FRED**
STREET ADDRESS **1309 OLYMPIA PARK CIR**
CITY-ST-ZIP **OCOCHEE FL**TITLE **VD** ☐ Delete
NAME **GODEK, BOB**
STREET ADDRESS **1316 OLYMPIA PARK CIRCLE**
CITY-ST-ZIP **OCOCHEE FL**TITLE **STD** ☐ Delete
NAME **VAN WIE, KATHY**
STREET ADDRESS **980 HAWTHORNE COVE CT**
CITY-ST-ZIP **OCOCHEE FL**TITLE **D** ☐ Delete
NAME **BARBER, MARY**
STREET ADDRESS **1355 OLYMPIA PARK CIR**
CITY-ST-ZIP **OCOCHEE FL**TITLE **D** ☐ Delete
NAME **CASTRO, RIC**
STREET ADDRESS **1311 OLYMPIA PARK CIR**
CITY-ST-ZIP **OCOCHEE FL 34761**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #