

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26494

1. Entity Name

LAKEVIEW VILLAGE CONDOMINIUM NO. 10 ASSOCIATION,

Principal Place of Business

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779

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 59-2916244
65-0050667

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

HART, JR., JAMES W
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044

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 PD ☐ Delete
NAME ORTIZ, ALBERT
STREET ADDRESS 6030-106 SCOTCHWOOD GLEN
CITY-ST-ZIP ORLANDO FL

TITLE VD ☒ Change ☐ Addition
NAME ORTIZ, ALBERTO
STREET ADDRESS
CITY-ST-ZIP ORLANDO, FL 32822

TITLE STD ☒ Delete
NAME FLAHERTY, MAUREEN
STREET ADDRESS 6030-103 SCOTCHWOOD GLEN
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ Change ☒ Addition
NAME ROWE, PAUL
STREET ADDRESS 6020-108 SCOTCHWOOD GLEN
CITY-ST-ZIP ORLANDO, FL 32822

TITLE VPD ☒ Delete
NAME BENDER, LAUREL
STREET ADDRESS 6020-103 SCOTCHWOOD GLEN
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ Change ☒ Addition
NAME DEL A ROSA, NATASHA
STREET ADDRESS 6020-106 scotchwood glen
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Paula E. Rowe* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90190 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)