

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749747

1. Entity Name

LAKE TYLER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90224 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2180 W STATE RD 434  
#5000  
LONGWOOD FL 32779

2180 W STATE RD 434  
#5000  
LONGWOOD FL 32779-5042

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

59-2068032

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

HART, JAMES W. JR.  
SENTRY MANAGEMENT, INC.  
2180 WEST STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779

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 ☐ Delete  
NAME VD  
STREET ADDRESS COOK, MINGTOY  
CITY-ST-ZIP 220 ARNHVM CR  
ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME PD  
STREET ADDRESS 220 ARNHVM DRIVE  
CITY-ST-ZIP 32835

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS BAKER, MARY  
CITY-ST-ZIP 1458 C. HOLDEN AVE.  
ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME SD  
STREET ADDRESS 1458-C HOLDEN AVE  
CITY-ST-ZIP 32839

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS NARVAEZ, ANGELINA  
CITY-ST-ZIP 1446-A HOLDEN AVE  
ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS  
CITY-ST-ZIP 32835

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS EVANS, TIM  
CITY-ST-ZIP 1412C HOLDEN AVE  
ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS 1412-C HOLDEN AVE  
CITY-ST-ZIP 32839

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MITCHELL, GUY  
CITY-ST-ZIP 91 S. EDMON AVE  
ORLANDO FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS STANLEY, JOHN  
CITY-ST-ZIP 1450-C HOLDEN AVE  
ORLANDO FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS MITCHELL, EVETTE  
CITY-ST-ZIP 91 S EDMON AVE  
ORLANDO FL 32708

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:

*Mingtoy Cook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

Daytime Phone #

407-578-4441

CR2E037 (9/99)