

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43512

1. Entity Name

LAKE GANDY SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 608011  
ORLANDO FL 32860-8011  
US

P O BOX 608011  
ORLANDO FL 32860-8011  
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

59-3075101

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

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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 TD ☒ Delete  
NAME BEBBER, CAROL W.  
STREET ADDRESS 8265 SHAY LYNN COURT  
CITY-ST-ZIP ORLANDO FL 32810

TITLE TD ☒ Change ☐ Addition  
NAME Vaughan, Susan  
STREET ADDRESS 8257 Shay Lynn Court  
CITY-ST-ZIP Orlando, FL. 32810

TITLE PD ☒ Delete  
NAME ZAFFRAN, JAN  
STREET ADDRESS 8224 SHAY LYNN CT.  
CITY-ST-ZIP ORLANDO FL

TITLE PD ☒ Change ☐ Addition  
NAME Palladino, Joseph  
STREET ADDRESS 8242 Shay Lynn Court  
CITY-ST-ZIP Orlando, FL. 32810

TITLE SD ☐ Delete  
NAME DOLPHY, KRISTEN  
STREET ADDRESS 8209 SHAY LYNN COURT  
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE VD ☒ Delete  
NAME WARREN, MELISSA  
STREET ADDRESS 8250 SHAY LYNN COURT  
CITY-ST-ZIP ORLANDO FL 32810

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

407-872-7088

Daytime Phone #

CR2E037 (9/99)