

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000663

1. Entity Name

NORTHLAKE PARK AT LAKE NONA COMMUNITY ASSOCIATIO

Principal Place of Business

9801 LAKE NONA ROAD
ORLANDO FL 32827

Mailing Address

9801 LAKE NONA ROAD
ORLANDO FL 32827

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

200 S. ORANGE AVENUE

Suite, Apt. #, etc.

SUITE 2300

City & State

ORLANDO FL

Zip

32801-3432

Country

US

4. FEI Number

59-3628234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYON, R. RANDOLPH JR.
9801 LAKE NONA ROAD
ORLANDO FL 32827

7. Name and Address of New Registered Agent

Name

A.G.C. CO.

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

200 SOUTH ORANGE AVENUE

SUITE 2300

City

ORLANDO

FL

Zip Code

32801-3432

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

Jefferson Voss, Vice President

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	D	☐ Delete
NAME	LYON, R. RANDOLPH JR.	
STREET ADDRESS	9801 LAKE NONA ROAD	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	D	☐ Delete
NAME	SILVERTON, VIVIANNE L	
STREET ADDRESS	9801 LAKE NONA ROAD	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	D	☐ Delete
NAME	VOSS, JEFFERSON R	
STREET ADDRESS	9801 LAKE NONA ROAD	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	☒ Change ☐ Addition
NAME	SILVERTON, VIVIANNE C.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

Jefferson Voss

4/29/01

407-851-9091

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90198 015 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)