

2001 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 22, 2001 8:00 am
Secretary of State

07-24-2001 90018 010 ****61.25

DOCUMENT # N43512

1. Entity Name

LAKE GANDY SHORES HOMEOWNERS ASSOCIATION, INC.

LA

Principal Place of Business

P O BOX 608011
 ORLANDO FL 32860-8011
 US

Mailing Address

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

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

7. Name and Address of New Registered Agent

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

Janet M. Zaffran

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 NAME STREET ADDRESS CITY - ST - ZIP	TO VAUGHAN, SUSAN, <u>Director</u> <input type="checkbox"/> Delete 8257 SHAY LYNN CT. ORLANDO FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PALLADINO, JOSEPH <input checked="" type="checkbox"/> Delete 8242 SHAY LYNN COURT ORLANDO FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOLPHY, KRISTEN <input checked="" type="checkbox"/> Delete 8209 SHAY LYNN COURT ORLANDO FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Carol Bebbler</u> <input type="checkbox"/> Delete 8265 Shay Lynn Ct Orl, FL 32810 <u>Director</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Janet Christensen</u> <input type="checkbox"/> Delete 8216 Shay Lynn Ct Orlando, FL <u>Director</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Janet M. Zaffran</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8224 Shay Lynn Ct Orl, FL 32810 <u>Delete</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Janet M. Zaffran
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01
 Date

407 296 0588
 Daytime Phone #

CR2E037 (10/00)