

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90060 050 \*\*\*\*61.25

DOCUMENT # N29963

1. Entity Name

LANCEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

12600 NW HARBOUR RIDGE BLVD  
PALM CITY FL 34990  
US

Mailing Address

12600 NW HARBOUR RIDGE BLVD  
PALM CITY FL 34990  
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

65-0080668

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

NEARY, MICHAEL E  
12600 NW HARBOUR RIDGE BLVD  
PALM CITY FL 34990

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 DP ☒ Delete  
NAME BERRY, ROBERT V  
STREET ADDRESS 1321 LANCEWOOD TERRACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE DST ☐ Change ☒ Addition  
NAME Palmer, Jo  
STREET ADDRESS 1304 LANCEWOOD TERRACE  
CITY-ST-ZIP Palm City FL 34990

TITLE DV ☐ Delete  
NAME HEPBURN, BRIAN K  
STREET ADDRESS 1333 LANCEWOOD TERRACE  
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE DST ☐ Delete  
NAME DEBOIS, JAMES A  
STREET ADDRESS 1332 LANCEWOOD TERRACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE DV ☐ 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

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

Date

Daytime Phone #

2/4/02 336-3000

CR2E037 (9/01)