

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90182 044 ****61.25

DOCUMENT # N01000001845

1. Entity Name

LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~4005 MARONDA WAY~~
SANFORD FL 32771

~~4005 MARONDA WAY~~
SANFORD FL 32771

2. Principal Place of Business

411 Central Park Drive

3. Mailing Address

c/o Mid-Florida Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5025 S. U.S. Hwy. 17-92

DO NOT WRITE IN THIS SPACE

City & State

Sanford FL

City & State

Casselberry FL

4. FEI Number

59-3711872

Applied For

☐ Not Applicable

Zip

32771

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VON DREELE, WAYNE
4005 MARONDA WAY
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name
Spare, William C. Comm. Assn. Mgr.

Street Address (P.O. Box Number is Not Acceptable)
c/o Mid-Florida Mgmt.

5025 South U.S. Hwy. 17-92

City **Casselberry** State **FL** Zip **32707**

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

William C. Spare
 Signature, typed or printed name of registered agent and title, if applicable.

William C. Spare,
Comm. Assn. Mgr.

02/24/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LOGSDON, JEFFREY J	
STREET ADDRESS	4005 MARONDA WAY	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWARD, SCOTT C	
STREET ADDRESS	4005 MARONDA WAY	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VON DREELE, WAYNE	
STREET ADDRESS	4005 MARONDA WAY	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	FTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prior, P. Thomas	
STREET ADDRESS	411 Central Park Drive	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	411 Central Park Drive	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenawalt, Thomas H.	
STREET ADDRESS	411 Central Park Drive	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rousch, William E.	
STREET ADDRESS	411 Central Park Drive	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Michele L.	
STREET ADDRESS	411 Central Park Drive	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William C. Spare
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 (407) 475-9112

Date

Daytime Phone #

CR2E037 (9/01)