## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800002692

1. Entity Name

## LAKE GLORIA PRESERVE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

FILED
May 02, 2002 8:00 am & Secretary of State
05-02-2002 90111 030 \*\*\*\*61.25

% THE THORNTON CO. ATTN: T. SUTHERLAND 5695 BEGGS ROAD, SUITE B-100 ORLANDO FL 32810		% THE THORNTON CO. ATTN: T. SUTHERLAND 5695 BEGGS ROAD. SUITE B-100 ORLANDO FL 32810				
Principal Place of Business  10 Sutherland Managema Suite, Apt. #, etc. Suite Bloo	3. Mailing Address 14. 5695 Begg Suite, Apt. #, etc.	s Rd.	-	DO NOT WRITE IN THIS		
Orlando FL City & State			4. FEi Number 59-3559254 Applied For Not Applicable			
Zip 32703 Country USA 6. Name and Address of C	Zip	Country	5. Certificate of Stat		\$8.75 Add Fee Required	litional
SUTHERLAND, THERESA D. % THE THORNTON COMPANY 5695 BEGGS ROAD, SUITE B-100 ORLANDO FL 32810-5044  8. The above named entity submits this state SIGNATURE THERESA SITH Signature, typed or printed name of register	ment for the purpose of changing its rec	Street Address (  5695 , R  City DRLAN gistered office or register	HER LAND (P.O. Box Number is No BEGGS RC N DO red agent, or both, in the	SUITE (S FL ne state of Florida.	SA 3100	
FILE NOW: FEE IS \$61.2	• 5		\$5.00 May Be Added to Fees	Make Chec Departme	k Payable tent of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  PD PEREZ, DENNIS 1155 S SEMORAN SUITE 1 WINTER PARK FL 32792	ND DIRECTORS  Delete	NAME PD HISS STREET ADDRESS 1155	S, STEVE S. SEMORAN	TO OFFICERS AND DI BLVD., SUL K, FL 37	□ Change T <b>&amp; 1118</b>	Addition 3
TITLE VD  NAME CAINER, ROY  STREET ADDRESS CITY-ST-ZIP  TOD  VO  CAINER, ROY  1155 S SEMORAN SUITE 1  WINTER PARK FL 32792	118	NAME LIPI STREET ADDRESS 1155		PAH AN BLUD., S	☐ Change	Addition E
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
12. I hereby certify that the information supplie indicated on this report or supplemental re of the corporation or the receiver or trusted changed, or on an attachment with an additional supplies.	empowered to execute this report as re	equired by Chapter 617,	Florida Statutes; and th	ade under oath; that I all hat my name appears in	ify that the info m an officer or a Block 10 or B	director Block 11 if

SUSNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR