

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90039 001 ****61.25

DOCUMENT # N02000003081

1. Entity Name
ANNA'S VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**ROUTE 3 BOX 255
MAYO FL 32066**

Mailing Address

**ROUTE 3 BOX 255
MAYO FL 32066**

2. Principal Place of Business

2142 SW CR 534

Suite, Apt. #, etc.

3. Mailing Address

2142 SW CR 534

Suite, Apt. #, etc.

City & State

Mayo FL

City & State

Mayo FL

Zip

32066

Country

U.S.A.

Zip

32066

Country

U.S.A.

6. Name and Address of Current Registered Agent

**LAWSON, LEVIS E SR
ROUTE 3 BOX 255
MAYO FL 32066**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWSON, LEVIS E SR	
STREET ADDRESS	ROUTE 3 BOX 255	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAWSON, LEVIS E JR	
STREET ADDRESS	ROUTE 3 BOX 255	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LAWSON, FRANCES L	
STREET ADDRESS	ROUTE 3 BOX 255	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2142 SW CR 534
CITY-ST-ZIP	Mayo FL 32066
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2142 SW CR 534
CITY-ST-ZIP	Mayo FL 32066
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2142 SW CR 534
CITY-ST-ZIP	Mayo FL 32066
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

[Signature]

1/28/03

386-294-1149

CR2E037 (10/02)