FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90491 029 ****61.25

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

DOCUMENT # N0000006529

LAKE MORLEY TERRACE HOME OWNERS ASSOCIATION, INC



Principal Place of Business 14903 LEJUENE LANE

Mailing Address

14903 LEJUENE LANE

IAMPA FL 33	3613	TAMPA FL 33613								
1490		3. Mailing Address 14903 LESUE	ENE LA	NE						
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKII	NG CHANGE	S		
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3681603 Applied For Not Applicable				Ę		
3361		336B	Country Hilbbar	ough	5. Certificate of Sta	atus Desired	\$8.75 Ac	dditional	1	
	6. Name and Address of Current R	egistered Agent			≈ 7. Name and Add	ess of New Registere	d Agent	·	┪	
14927 P	EY, KENNETH HILMORE RD. FL 33613		Street Address ((P.O. Box Number is Not Acceptable)				
		/	City		 	F	Zip Co		$\frac{1}{2}$	
8. The above the obliga	e named entity submits this statement for t tions of registered agent.	he purpose of changing its	registered office	or registere	ed agent, or both, in t	he State of Florida. I an	n familiar with	, and accept	+	
	· ·									
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE	E: Registered Agent sign	other complete						
•			Hogistered Agent sign	adure required	when reinstating)	DATE				
* ·	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees	Make Cheo Florida Depa	ck Payable	to State		
10.	OFFICERS AND DIRE	CTORS	11.	Α	DOITIONS/CHANGE	S TO OFFICERS AND D	IDECTORS IN	1.40	1	
TITLE	PD	☐ Delete	TITLE	PP	DDITIONS/OFIANGE	5 TO OFFICERS AND L	Change	Addition	ł	
NAME	ROBINSON, RUTH		NAME	12.4	Inson, Ru	ith	Change		2	
STREET ADDRESS CITY-ST-ZIP	14903 LEJUENE LANE		STREET ADDRESS	1490	3 LEJUE	ue hane			0	
	TAMPA FL 33613 SD		CITY-ST-ZIP	TAM	OA A 33	613			3	
TITLE Name	JERNIGAN, JOHN	☐ Delete	TITLE	5D			Change	☐ Addition	Ş	
STREET ADDRESS	14927 HARDY DR W		NAME STREET ADDRESS	RING	Philmo	ELA			١	
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP	14914	Philmo	rc Rd				
TITLE	TD	☐ Delete	TITLE	TD	PA FL	12613	Shange		ŀ	
NAME	JAHN, LYNN		NAME	120 A 11	LAM Joh	n	L ⊿ range	☐ Addition		
STREET ADDRESS CITY-ST-ZIP	14924 PHILMORE ROAD		STREET ADDRESS	1490	7 LEJUEN	E LANE		1	1	
	TAMPA FL 33613		CITY-ST-ZIP	TAMA	P.FH 336	613-1519		ļ		
ITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	i	
STREET ADDRESS			NAME STREET ADDRESS					ĺ		
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		□ Delete	TITLE							
IAME			NAME				Change	☐ Addition		
TREET ADDRESS			STREET ADDRESS	1						
HTY-ST-ZIP			CITY-ST-ZIP							
ITLE AME		☐ Delete	TITLE		-		☐ Change	Addition		
TREET ADDRESS			NAME				•			
ITY-ST-ZIP		. " "	STREET ADDRESS CITY-ST-ZIP					J		
			■ 0111-01-21F	!				1		

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: