

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90157 024 ****61.25

DOCUMENT # 757693

1. Entity Name

LAKE HOWELL ARMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**700 GEORGETOWN DR
CASSELBERRY FL 32707
US**

**700 GEORGETOWN DR
CASSELBERRY FL 32707
US**

2. Principal Place of Business

3. Mailing Address

135 W. Pineview St.

135 W. Pineview St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ALTAMONTE SP, FL

ALTAMONTE SP, FL

City & State

City & State

Zip

Country

32714-0006

US

32714-0006

US

6. Name and Address of Current Registered Agent

4. FEI Number **59-2166337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**TERENZIO, ROBERT T
1917 BOOTNE CARATE
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

PRESIDENTIAL GROUP-SOUTH

Street Address (P.O. Box Number is Not Acceptable)

135 W. Pineview St.

City

ALTAMONTE SPRINGS FL

Zip Code

32714-0006

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

2/27/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
SD	HEBERT, ADA	2019 SEPLER CT	CASSELBERRY FL 32730	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	TRAVIS, JAMES	348 GEORGETOWN DR	CASSELBERRY FL 32707	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D.	COOK, WANDA	506 ORANGE DR. #13	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	SCHUCK, ANNE	376 GEORGETOWN DR	CASSELBERRY FL 32707	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	MUSSER, JENNY	108 LONG HORN RD	WINTER PARK FL 32792	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	BEASLEY, LARRY	912 ARABLAN AVE	WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Secretary

2-27-03 6671361-9636

CR2E037 (10/02)