

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90205 036 ****61.25

DOCUMENT # N41222

1. Entity Name

LAKE JOHIO WATERSIDE HOMEOWNER'S ASSOCIATION, IN C.



Principal Place of Business

**2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779
US**

Mailing Address

**2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3117652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SIMON, BILL**
STREET ADDRESS **PO BOX 1142**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **STRINGER, SCOTT**
STREET ADDRESS **2888 CULLENS CT**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GILBERT, BILL**
STREET ADDRESS **2752 CULLENS CT**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **BROWN, BRUCE**
STREET ADDRESS **2791 CULLENS CT**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **BROWN, RICHARD**
CITY-ST-ZIP **2112 NEW VICTOR RD**
OCOOE FL 34761

TITLE **D** ☒ Delete
NAME **NEALE, SAMUEL**
STREET ADDRESS **2783 CULLENS CT**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **VELEZ, HECTOR**
CITY-ST-ZIP **2139 NEW VICTOR RD**
OCOOE FL 34761

TITLE **D** ☒ Delete
NAME **BROWN, RICHARD**
STREET ADDRESS **2112 NEW VICTOR RD.**
CITY-ST-ZIP **OCOOE FL 34761**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **ROBERTS, LEE**
CITY-ST-ZIP **2761 CULLENS CT**
OCOOE FL 34761

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] **REQUIRED** *Man J. Simon President 415-03*

CR2E037 (10/02)