

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

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

04-03-2003 90171 039 ****61.25

DOCUMENT # 706268

1. Entity Name
LAKE OSBORNE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business
**1510 HIGH RIDGE RD
LAKE WORTH FL 33461
US**

Mailing Address
**P O BOX 6014
LAKE WORTH FL 33466
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-9619746**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KASHMANIAN, DARA
1415 ONTARIO DRIVE
LAKE WORTH FL 33461**

**ANNA AMBROSE
2125 LAKE BASS CIRCLE
LAKE WORTH, FLA.
33461**

Name **Donald Maule**

Street Address (P.O. Box Number is Not Acceptable)
1412 Ontario Drive

City **LAKE WORTH**

FL

Zip Code **33461-6117**

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 **ANNA AMBROSE**

Anna Ambrose

4-1-03

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 **2VPD** ☐ Delete
NAME **DEMUNN, LEE RUTH**
STREET ADDRESS **1411 LAKE ERIE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **1VPD** ☐ Delete
NAME **CARLISI, TOM**
STREET ADDRESS **1707 OSBORNE CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **KASHMANIAN, DARA L**
STREET ADDRESS **1415 ONTARIO DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Anna Ambrose**
STREET ADDRESS **2125 LAKE BASS Circle**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE **COBD** ☐ Delete
NAME **SILVER, LARRY**
STREET ADDRESS **5356 LAKE OSBORNE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MAULE, DON**
STREET ADDRESS **1412 ONTARIO DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **Chairman of Board of Directors** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Delete ☒ Add
NAME **Maule, Tara**
STREET ADDRESS **1412 Ontario Drive**
CITY-ST-ZIP **LAKE WORTH, FL 33461-6117**

TITLE **Director** ☐ Change ☒ Addition
NAME **Jerry Ballard**
STREET ADDRESS **1610 CREST DRIVE**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

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: **Donald Maule**

4-1-03 561-586-4271

CR2E037 (10/02)