

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727279

1. Entity Name

LAKE RUTH SOUTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

129 SHOMATE DR  
LONGWOOD FL 32750  
US

Mailing Address

129 SHOMATE DR  
LONGWOOD FL 32750  
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

NOT APPLICABLE

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

KALEY, KAY M  
129 SHOMATE DRIVE  
LONGWOOD FL 32750

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	KALEY, KAY M	
STREET ADDRESS	129 SHOMATE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	P	<input type="checkbox"/> Delete
NAME	PRINCE, JOHN	
STREET ADDRESS	202 HAISLIP PLACE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEELE, HILDA	
STREET ADDRESS	134 SHOMATE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERS, JOYCE	
STREET ADDRESS	123 SHOMATE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHITWOOD, KEN	
STREET ADDRESS	130 SHOMATE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEELE, HILDA	
STREET ADDRESS	134 SHOMATE DR	
CITY-ST-ZIP	LONGWOOD FL	

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	
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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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2001 (407) 834-9643

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)