

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730491

1. Entity Name

LAVILLA GARDENS SOCIAL & CIVIC ASSOCIATION, INC.

Principal Place of Business

5730 ELENA DR  
HOLIDAY FL 34690-9329

Mailing Address

5730 ELENA DR  
HOLIDAY FL 34690-9329

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

59-1963906

Applied For

Not Applicable

5. Certificate of Status Desired

~~Not Applicable~~ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADORNI, ROBERT  
5743 ELENA DR  
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name Andrea E. Fischer

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

5706 Elkhorn

City Holiday

FL

Zip Code 34690

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 Andrea E. Fischer, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HANNON, PAUL	
STREET ADDRESS	5611 CUNOSA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WARNER, WINIFRED	
STREET ADDRESS	5624 ELENA DR.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADORN, BETTY	
STREET ADDRESS	5743 ELENA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, ROBERTA	
STREET ADDRESS	5648 CANOSA DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAPLE, WILLIAM	
STREET ADDRESS	5930 ELKHORN BLVD.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINKLER, MARIA	
STREET ADDRESS	3101 SHADOW OAKS DR	
CITY-ST-ZIP	HOLIDAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<u>Treasurer</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Donna Bromley</u>	
STREET ADDRESS	<u>5850 Della Dr</u>	
CITY-ST-ZIP	<u>Holiday, FL 34690</u>	
TITLE	<u>Secretary</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Lillian Wellin</u>	
STREET ADDRESS	<u>5861 Berkford Dr</u>	
CITY-ST-ZIP	<u>Holiday, FL 34690</u>	
TITLE	<del>VP</del> <u>Karl Huber</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>3053 Corona Dr.</u>	
STREET ADDRESS	<u>Holiday, FL 34690</u>	
CITY-ST-ZIP		
TITLE	<u>VP-Bill Burr</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Elena</u>	
STREET ADDRESS	<u>Holiday, FL 34690</u>	
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: Donna Bromley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01 727-848-8375

Date Daytime Phone #

FILED  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90037 038 \*\*\*\*61.25

00016763



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)