

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732730

1. Entity Name

LLOYD ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 194
LLOYD FL 32337

Mailing Address

P.O. BOX 194
LLOYD FL 32337

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

HARTZ, CHARLES M
4800 LEJEUNE ROAD
CORAL GABLES FL 33146-1819

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HODGES, GARY D	RT 5 BOX 5785	MONTICELLO FL 32344						
	VP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HODGES, JAMES	RT 5 BOX 5785	MONTICELLO FL 32344						
	ST			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HODGES, BETTY	RT 5 BOX 5785	MONTICELLO FL 32344						
	BD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SENSEN, MARYLYNN	RT 5 BOX 5785	MONTICELLO FL 32344						
	BD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LAWSON, ANNIE	3881 MACKS ROAD	CENTURY FL 32532						
	BD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LAWSON, LESTER	3881 MACKS ROAD	CENTURY FL 32532						

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 Gary D. Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/14/01 850-992-5266

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90082 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)