

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-13-2002 90383 013 ****61.25

DOCUMENT # 732730

1. Entity Name

LLOYD ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 194
 LLOYD FL 32337

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 **BARBARA CARROLL**

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

1410 Wild Turkey

City **Monticello FL**

FL

Zip Code

32344

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

Barbara Carroll

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-09-02

After September 13, 2002,
min. will be \$236.25.

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 **P** ☐ Delete
 NAME **HODGES, GARY D**
 STREET ADDRESS **RT 5 BOX 5785**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **P** ☒ Change ☐ Addition
 NAME **Robert Williams**
 STREET ADDRESS **899 Quail Lane**
 CITY-ST-ZIP **Monticello, FL 32344**

TITLE **VP** ☐ Delete
 NAME **HODGES, JAMES**
 STREET ADDRESS **RT 5 BOX 5785**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **VP** ☒ Change ☐ Addition
 NAME **David Bubala**
 STREET ADDRESS **62 Cardinal Lane**
 CITY-ST-ZIP **Monticello, FL 32344**

TITLE **ST** ☐ Delete
 NAME **HODGES, BETTY**
 STREET ADDRESS **RT 5 BOX 5785**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **S** ☒ Change ☐ Addition
 NAME **BARBARA CARROLL**
 STREET ADDRESS **1410 W-1d Turkey**
 CITY-ST-ZIP **Monticello, FL 32344**

TITLE **BD** ☐ Delete
 NAME **SENSEN, MARYLYNN**
 STREET ADDRESS **RT 5 BOX 5785**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **D** ☒ Change ☐ Addition
 NAME **Paul Cornish**
 STREET ADDRESS **104 Robin Rd**
 CITY-ST-ZIP **Monticello, FL 32344**

TITLE **BD** ☐ Delete
 NAME **LAWSON, ANNIE**
 STREET ADDRESS **3881 MACKS ROAD**
 CITY-ST-ZIP **CENTURY FL 32532**

TITLE **P** ☒ Change ☐ Addition
 NAME **LARRY Shivers**
 STREET ADDRESS **25 Bluejay**
 CITY-ST-ZIP **Monticello, FL 32344**

TITLE **BD** ☐ Delete
 NAME **LAWSON, LESTER**
 STREET ADDRESS **3881 MACKS ROAD**
 CITY-ST-ZIP **CENTURY FL 32532**

TITLE **D** ☒ Change ☐ Addition
 NAME **Randy King**
 STREET ADDRESS **95 Quail Lane**
 CITY-ST-ZIP **Monticello, FL 32344**

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:

Barbara Carroll **REQUIRED**

7-9-02

891-7179

CR2E037 (4/02)



attachment

38533

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 18, 2002

LLOYD ACRES HOMEOWNERS ASSOCIATION, INC.
P.O. BOX 194
LLOYD, FL 32337

Subject: **LLOYD ACRES HOMEOWNERS ASSOCIATION, INC.**

Reference Number: **732730**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

ANNUAL REPORTS SECTION