

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91478 010 ****61.25

DOCUMENT # 737284

1. Entity Name
LAKE PATRICIA HOMEOWNERS, INC.



Principal Place of Business
**14411 LAKE CHILDS COURT
MIAMI LAKES FL 33014
US**

Mailing Address
**14411 LAKE CHILDS COURT
MIAMI LAKES FL 33014
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**BUDLONG, SAM
14411 LAKE CHILDS CT
MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BUDLONG, SAM**
STREET ADDRESS **14411 LAKE CHILDS COURT**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **Lourdes Consuelo**
STREET ADDRESS **6320 Lake Champlain Terr.**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Delete
NAME **PARROTT, BILL**
STREET ADDRESS **14345 LK CANDLEWOOD CT**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **ALICIA PAMIES**
STREET ADDRESS **6361 Lake Champlain Terr**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **VD** ☐ Delete
NAME **ECHOLS, H.R.**
STREET ADDRESS **14120 LAKE CANDLEWOOD COURT**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MYERS, NANCY**
STREET ADDRESS **14331 LAKE SARANAC**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOETTCHE, GLORIA**
STREET ADDRESS **14321 LAKE SARANAC**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BERRIDS, ROBERT**
STREET ADDRESS **6550 LK LURE DR**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ 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: *Lourdes Consuelo* **Treasurer 4/24/03 (305) 362-7785**

CR2E037 (10/02)