

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90204 030 \*\*\*\*61.25

**DOCUMENT # 742240**

1. Entity Name

**LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5101 S.E. MILES GRANT RD  
 STUART FL 34997  
 US

5101 S.E. MILES GRANT RD  
 STUART FL 34997-1826  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2039316**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODGERS, MARILYN D**  
**5610 S.E. MILES GRANT RD.**  
**STUART FL 34997**

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

*Marilyn Rodgers*

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	D	<input type="checkbox"/> Delete
NAME	SCHROLL, BERNARD	
STREET ADDRESS	5670 S.E. MILES GRANT ROAD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERTZER, MARION	
STREET ADDRESS	5670 S.E. MILES GRANT ROAD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LIPPMANN, JEAN P	
STREET ADDRESS	5730 MILES GRANT RD	
CITY-ST-ZIP	STUART, FL 00000 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TINNERMAN, TOMMIE	
STREET ADDRESS	5600 S.E. MILES GRANT RD.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BURR, BEN	
STREET ADDRESS	5630 SE MILES GRANT RD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HURD, DON	
STREET ADDRESS	5710 MILES GRAND RD	
CITY-ST-ZIP	STUART, FL 00000 34997	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA SHELDON	
STREET ADDRESS	5680 S.E. Miles Grant Road	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA NEALE	
STREET ADDRESS	5625 S.E. MILES GRANT RD	
CITY-ST-ZIP	STUART FL 34997	
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		
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

561 286 6466  
 Daytime Phone #

CR2E037 (9/99)