

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90014 027 ****61.25

DOCUMENT # 753775

1. Entity Name

LAKE VERONA EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3 NORTH HIGHLANDS AVE
 APT C
 AVON PARK FL 33825**

**3 NORTH HIGHLANDS AVE
 APT C
 AVON PARK FL 33825-8376**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Highlands

4. FEI Number

59-2223798

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

**MILLER, TREVA C.
 3C NORTH HIGHLANDS AVENUE
 AVON PARK FL 33825**

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

Treva C. Miller, Secretary/Treasurer

Jan. 17, 2000

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 **STD** ☐ Delete
 NAME **MILLER, TREVA C.**
 STREET ADDRESS **3 C NORTH HIGHLANDS AVE**
 CITY-ST-ZIP **AVON PARK FL**

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

TITLE **PD** ☒ Delete
 NAME **CARABERIS, MARGARET**
 STREET ADDRESS **17 NORTH HIGHLANDS AVENUE**
 CITY-ST-ZIP **AVON PARK FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Caraberis, Margaret**
 STREET ADDRESS **17 North Highlands Avenue**
 CITY-ST-ZIP **Avon Park, Fl. 33826**

TITLE **VD** ☐ Delete
 NAME **BRUNO, FRED**
 STREET ADDRESS **19 NORTH HIGHLANDS AVENUE**
 CITY-ST-ZIP **AVON PARK FL**

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

TITLE **VP** ☒ Delete
 NAME **WHITE, MADELINE**
 STREET ADDRESS **15 N HIGHLANDS AVE**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **PD** ☒ Change ☐ Addition
 NAME **White, Madeline**
 STREET ADDRESS **15 North Highlands Avenue**
 CITY-ST-ZIP **Avon Park, Fl. 33825**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Treva C. Miller* **REQUIRED** **Treva C. Miller**

January 17th, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)