

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90030 048 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2223798**

Applied For

Not Applicable

Zip

Country

*Highlands*

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

**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

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 **VP** ☐ Delete  
NAME **CARABERIS, MARGARET**  
STREET ADDRESS **17 NORTH HIGHLANDS AVENUE**  
CITY-ST-ZIP **AVON PARK FL**

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

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

TITLE **VD** ☒ Change ☐ Addition  
NAME **Clarence T. Woodruff**  
STREET ADDRESS **7 North Highlands Avenue**  
CITY-ST-ZIP **Avon Park, FL 33825**

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

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

TITLE **VD** ☐ Delete  
NAME **Clarence T. Woodruff**  
STREET ADDRESS **7 North Highlands Avenue**  
CITY-ST-ZIP **Avon Park, Fl. 33825**

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* **TREVA C. MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

863-452-1728

Date

Daytime Phone #

CR2E037 (9/01)