

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90217 034 \*\*\*\*61.25

**DOCUMENT # 757180**

1. Entity Name

**LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4 LAKE VILLA WAY  
 KISSIMMEE FL 34743-4531

4 LAKE VILLA WAY  
 KISSIMMEE FL 34743-4531

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

**59-2187626**

Applied For

Not Applicable

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

(misspelled)  
**GRADAGNO, LEE**  
**38 LAKE VILLA WAY**  
**KISSIMMEE FL 34743**

Name **GUADAGNO, LEE**  
 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	V	<input checked="" type="checkbox"/> Delete
NAME	<b>FARRAR, PAUL</b>	
STREET ADDRESS	<b>47 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>GUADAGNO, LEE</b>	
STREET ADDRESS	<b>38 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>FROELICH, WILLIAM</b>	
STREET ADDRESS	<b>120 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, KAY</b>	
STREET ADDRESS	<b>75 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HURLEY, LOUIS</b>	
STREET ADDRESS	<b>79 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>TESTA, SAL</b>	
STREET ADDRESS	<b>28 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELEN FARRAR</b>	
STREET ADDRESS	<b>47 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34743</b>	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANE CRAIG</b>	
STREET ADDRESS	<b>53 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34743</b>	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGE BROWN</b>	
STREET ADDRESS	<b>48 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34743</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICK O'BRIEN</b>	
STREET ADDRESS	<b>54 LAKE VILLA WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34743</b>	
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

2/18/00 4073485318

Date

Daytime Phone #

CR2E037 (9/99)