

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90012 050 \*\*\*\*61.25

**DOCUMENT # 757180**  
 1. Entity Name  
**LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>4 LAKE VILLA WAY KISSIMMEE FL 34743-4531</b>	Mailing Address <b>4 LAKE VILLA WAY KISSIMMEE FL 34743-4531</b>
--	--

- 21035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2187626</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GUADAGNO, LEE 38 LAKE VILLA WAY KISSIMMEE FL 34743</b>				Name <b>Patrick O'Brien</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>54 Lake Villa Way</b>			
				City <b>Kissimmee</b>		FL	

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: *Patrick O'Brien / President* DATE: **2-22-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$81.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALICCA, DEBRA</b>		NAME	<b>Johnson, Kay</b>	
STREET ADDRESS	<b>28 LAKE VILLA WAY</b>		STREET ADDRESS	<b>75 Lake Villa Way</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>		CITY-ST-ZIP	<b>Kissimmee, FL 34743</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUADAGNO, LEE</b>		NAME		
STREET ADDRESS	<b>38 LAKE VILLA WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>		CITY-ST-ZIP		
TITLE	<b>I</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSADO, RONALD</b>		NAME		
STREET ADDRESS	<b>109 LAKE VILLA WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, PATRICK</b>		NAME		
STREET ADDRESS	<b>54 LAKE VILLA WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSHIRE, CAROL</b>		NAME		
STREET ADDRESS	<b>84 LAKE VILLA WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TESTA, SAL</b>		NAME		
STREET ADDRESS	<b>28 LAKE VILLA WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KISSIMMEE FL</b>		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: *Patrick O'Brien* **REQUIRED** DATE: **2-22-02** DAYTIME PHONE: **409 348 5818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)