

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90326 020 \*\*\*150.00

**DOCUMENT # 762955**

1. Entity Name

**LAKES IN REGENCY PARK CIVIC ASSN., INC.**

Principal Place of Business

8330 CIVIC DRIVE  
PORT RICHEY FL 34668

Mailing Address

8330 CIVIC DRIVE  
PORT RICHEY FL 34668

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0241302**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**APOLLO, FRANK**  
**9750 FAINELLE LANE**  
**PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name **LYONS, MAURICE G.**

Street Address (P.O. Box Number is Not Acceptable)

**9815 CLINTON LN.**

City **PORT RICHEY**

**FL**

Zip Code **34668**

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 *Maurice G. Lyons Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**19, APR. 01**

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>APOLLO, FRANK</b>	
STREET ADDRESS	<b>9750 RAINELLE LANE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAPORITO, DAN</b>	
STREET ADDRESS	<b>9647 MOREHEAD LN</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, PHYLLIS</b>	
STREET ADDRESS	<b>9331 WOLCOT LANE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRAUSS, ROBERT</b>	
STREET ADDRESS	<b>8054 MANVEL DRIVE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCANALLY, VERA</b>	
STREET ADDRESS	<b>9833 RICHWOOD LANE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRASOWSKI, HELEN</b>	
STREET ADDRESS	<b>8214 FOV HOLLOW DR</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, MAURICE G.</b>	
STREET ADDRESS	<b>9815 CLINTON LN.</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APOLLO, FRANK</b>	
STREET ADDRESS	<b>9647 RAINELLE LN.</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</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		
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: *Maurice G. Lyons President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**19, APR. 01**

Date

**868-9845**

Daytime Phone #

CR2E037 (10/00)