

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765163

1. Entity Name

LAKE PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 10133  
LARGO FL 33773  
US

P O BOX 10133  
LARGO FL 33773  
US

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 59-2349311

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

BAHMILLER, MARY  
10319 95TH ST N  
LARGO FL 33777

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 PD  
NAME GREGG, JAMES  
STREET ADDRESS 9615 104TH AVE N  
CITY-ST-ZIP LARGO FL 33773 ☒ Delete

TITLE PD  
NAME LORRAINE GREEN  
STREET ADDRESS 9467 106TH AVE. N.  
CITY-ST-ZIP LARGO FL 33777 ☐ Change ☒ Addition

TITLE VD  
NAME DOIG, ALEX  
STREET ADDRESS 9590 104TH AVE N  
CITY-ST-ZIP LARGO FL 33773 ☒ Delete

TITLE VD  
NAME LARRY GOLBOM  
STREET ADDRESS 9998 LAKE SEMINOLE DR E  
CITY-ST-ZIP SEMINOLE FL 33773 ☐ Change ☒ Addition

TITLE  
NAME BAHMILLER, MARY  
STREET ADDRESS 10319 95TH ST N  
CITY-ST-ZIP LARGO FL 33777 ☐ Delete

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

TITLE S  
NAME PILLIS, TRUDY  
STREET ADDRESS 10893 97TH ST N  
CITY-ST-ZIP LARGO FL 33773 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Mary BAHMILLER

MARY BAHMILLER

4/2/02 (727) 570-2576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)