

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 765462

FILED  
Sep 15, 2002  
Secretary of State

**Entity Name:** LAKE ROYALL EAST HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

226 PALM SPRINGS CENTER,  
1840 W. 49TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

226 PALM SPRINGS CENTER,  
1840 W. 49TH STREET  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-2346008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KURTZ, DIANE  
6955 W. 16TH DR.  
HIALEAH, FL 33014

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KURTZ, DIANE  
Address: 6955 W 16TH DRIVE  
City-St-Zip: HIALEAH, FL

Title: VPD ( ) Delete  
Name: CELSO, OTERO  
Address: 7105 NW 17 CT  
City-St-Zip: HIALEAH, FL

Title: TD ( ) Delete  
Name: ARRO, PAUL  
Address: 1676 W 72 ST.  
City-St-Zip: HIALEAH, FL

Title: SD ( ) Delete  
Name: ARRO, SALLIE  
Address: 1676 W 72 STREET  
City-St-Zip: HIALEAH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ARRO

TD

09/15/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date