

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767328

1. Entity Name

BAY LAGOON COMMUNITY ASSOCIATION, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91692 017 ****61.25

Principal Place of Business

Mailing Address

BLHA
BOX 1322
LONGWOOD FL 32750

BLHA
BOX 1322
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

BLHA
Suite, Apt. #, etc.
Box 521322
City & State
Longwood FL

BLHA
Suite, Apt. #, etc.
Box 521322
City & State
Longwood FL

Zip
32750
Country
Seminole

Zip
32750
Country
Seminole

4. FEI Number 59-2472739

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

MCGHEE, NOLA
1317 SUMMER TREE CT
LONGWOOD FL 32750

Name
Teresa vonEberstein
Street Address (P.O. Box Number is Not Acceptable)
1309 Willow Springs Ct
City
Longwood FL Zip Code
32756

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

President

5/2/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCGHEE, NOLA 1317 SUMMER TREE CT LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANDOLPH, VIC 1356 N MARCY DR LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, KAREN 1310 N MARCY DR LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Teresa vonEberstein 1309 Willow Springs Ct Longwood, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Todd Bowen 1364 N Marcy Drive Longwood, FL 32756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Steve Tobin 1369 N. Marcy Drive Longwood, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Teresa vonEberstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02

Date

(407) 831-9951

Daytime Phone #

CR2E037 (9/01)