

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767757

1. Entity Name

LAKE WEIR HARBOR ESTATES ASSOCIATION, INC.

Principal Place of Business

MYRTLE S. BILLIARD
15250 SE 164TH COURT
SUMMERFIELD FL 34491
US

Mailing Address

MYRTLE S. BILLIARD
15250 SE 104TH CT
SUMMERFIELD FL 34491
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 59-2965490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYRTLE S. BILLIARD
15250 SE 104TH CT
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OXENDINE, ROBERT	
STREET ADDRESS	15170 SE 105TH AVE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, GRACE	
STREET ADDRESS	15110 SE 103RD AVE	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BILLIARD, MYRTLE	
STREET ADDRESS	15250 SE 104TH CT	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALL, CAROL	
STREET ADDRESS	15030 SE 103RD TERR	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPAYD, SCOTT	
STREET ADDRESS	15190 SE 104TH CT	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINCH, NANCY	
STREET ADDRESS	15151 SW 103RD AVE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chandelle Spayd	
STREET ADDRESS	15190 SE 104th Ct.	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	Vice-Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Wozniack	
STREET ADDRESS	15071 SE 103rd Ave.	
CITY-ST-ZIP	Summerfield, FL	
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:

Chandelle Spayd, Treasurer

1-29-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

007937

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90038 035 ****61.25



DO NOT WRITE IN THIS SPACE