

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768999

1. Entity Name

L.O.V.O. CONDOMINIUM ASSOCIATION, INC.

FILED  
Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90317 007 \*\*\*\*61.25

Principal Place of Business

U.S. 192 WEST  
7770 W IRLO BRONSON MEM HWY  
KISSIMMEE FL 34747  
US

Mailing Address

U.S. 192 WEST  
7770 W IRLO BRONSON MEM HWY  
KISSIMMEE FL 34747  
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

59-2942714

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

POHL & SHORT, P.A.  
280 W. CANTON AVENUE  
SUITE 410  
WINTER PARK FL 32789

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
STEWART STEVE  
47 ARIAN AVE  
BRONX NY 10463 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOLLOFF, HAROLD  
104 CLARK ST  
PORTLAND ME 04102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DOLLOFF, HAROLD  
37 COMMONWEALTH DR. W  
PORTLAND ME 04103 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLAISSE, LARRY  
1329 COLWEL LANE  
CONSHOHOCKEN PA 19428 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BLAISSE, LARRY  
1329 COLWELL LANE  
CONSHOHOCKEN PA 19428 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GARFINKLE, DAVID  
1111 LINCOLN RD 800  
MIAMI BCH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TOM SHERMANIK  
1311 HAMLIN DR  
CLEARWATER FL 33764 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ASPINALL, JIMMY  
7770 W. IRLO BRONSON HWY  
KISSIMMEE FL 34747 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SHANNON WOODS  
3 SUNSHINE BLVD  
ORMOND BEACH FL 32174 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
UPTHAGROVE, FRED  
3 SUNSHINE BLVD  
ORMOND BEACH FL 32174 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNON WOODS

01-22-01

904-677-0573

Date Daytime Phone #

CR2E037 (10/00)