

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-22-2002 90183 022 ****61.25

DOCUMENT # 768999

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

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

TITLE ☐ Delete
NAME **D DOLLOFF, HAROLD**
STREET ADDRESS **37 COMMONWEALTH DR. W**
CITY-ST-ZIP **PORTLAND ME 04103**

TITLE ☒ Change ☐ Addition
NAME **Dolloff, Harold**
STREET ADDRESS **5085 Patricia Street**
CITY-ST-ZIP **Cocoa, FL 32927**

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

TITLE ☒ Change ☐ Addition
NAME **P Blaisse, Larry**
STREET ADDRESS **1329 Colwell Lane**
CITY-ST-ZIP **Conshohocken, PA 19428**

TITLE ☐ Delete
NAME **D SHEMANCI, TOM K**
STREET ADDRESS **1311 HAMLIN DR.**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☒ Change ☐ Addition
NAME **D Shemancik, Tom**
STREET ADDRESS **1311 Hamlin Drive**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☒ Delete
NAME **T WOODS, SHANNON**
STREET ADDRESS **3 SUNSHINE BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☒ Addition
NAME **T James R. Pews**
STREET ADDRESS **3 Sunshine Blvd.**
CITY-ST-ZIP **Ormond Beach, FL 32174**

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

4-12-02