

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90367 040 ****61.25

DOCUMENT # 768999

1. Entity Name

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



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~~ **DAILY MANAGEMENT, INC**

2. Principal Place of Business

3. Mailing Address

P.O. Box 730119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORMOND BEACH, FL.

Zip

Country

Zip

Country

32173-0119

US

4. FEI Number **59-2942714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **VD** ☐ Delete
NAME **DOLLOFF, HAROLD**
STREET ADDRESS **5085 PATRICIA STREET**
CITY-ST-ZIP **COCOA FL 32927**

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

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

TITLE **TD** ☒ Delete
NAME **PEWS, JAMES R**
STREET ADDRESS **3 SUNSHINE BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ASST - T** ☐ Change ☒ Addition
NAME **SCROGGINS, DENA**
STREET ADDRESS **3 SUNSHINE BLVD.**
CITY-ST-ZIP **ORMOND BEACH, FL. 32174**

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

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

TITLE ☒ Change ☐ Addition
NAME **T SHEMANCI, TOM**
STREET ADDRESS **1311 HAMLIN DR.**
CITY-ST-ZIP **CLEARWATER, FL. 33764**

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

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]* **REDA**

4-24-03 386-677-0573

CR2E037 (10/02)