

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90404 005 ***150.00

DOCUMENT # G94344

1. Entity Name

L.V. HOME OWNERS ASSOC. INC.

Principal Place of Business

**274 LAMPLIGHTER DR
MELBOURNE FL 32934**

Mailing Address

**274 LAMPLIGHTER DR
MELBOURNE FL 32934**

00029496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

182 Winchester Ct

Suite, Apt. #, etc.

3. Mailing Address

182 Winchester Ct.

Suite, Apt. #, etc.

City & State

Melbourne Fl

City & State

Melbourne Fl

4. FEI Number

59-2505033

Applied For

Not Applicable

Zip

32934

Country

Brevard

Zip

32934

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNUDTSON, ED
411 WYCLIFF CT
MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

Name

SOLANO, CLAUDETTE

Street Address (P.O. Box Number is Not Acceptable)

15 WESTFIELD CT.

City

MELBOURNE

FL

Zip Code

32934

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

Claudette Solano

Claudette Solano

3/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BISSON, CONRAD | |
| STREET ADDRESS | 404 WINDSOR COURT | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KNUDTSON, ED | |
| STREET ADDRESS | 411 WYCLIFF STREET | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | KOHAN, DOROTHY | |
| STREET ADDRESS | 266 WESTVIEW COURT | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HILDRETH, BARBARA | |
| STREET ADDRESS | 63 WESTVIEW COURT | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MAXWELL, DONNA | |
| STREET ADDRESS | 274 LAMPLIGHTER DR | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DECARLO, JEAN | |
| STREET ADDRESS | 358 LAMPLIGHTER DR | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALLEN BETTY | |
| STREET ADDRESS | 432 WINDOVER CT. | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TULEY, JESSE | |
| STREET ADDRESS | 247 WESTWIND CT | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POMBIER, MARY | |
| STREET ADDRESS | 182 WINCHESTER CT | |
| CITY-ST-ZIP | MELBOURNE | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Claudette Solano

Claudette Solano

3/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0080422

L.V. HOMEOWNERS ASSOC INC
LAMPLIGHTER VILLAGE I
MELBOURNE FLORIDA 32934

Attachment

94344 / D0029496

L.V. Homeowners Assoc. , Inc.
Lamplighter Village
182 Winchester Ct.
Melbourne, Fl. 32934

CONTINUATION: ANNUAL REPORT 2001 #94344
FEI \$59-2505033

ITEM #12

| TITLE | NAME | STREET ADDRESS | CITY |
|-------|------------------|---------------------|-----------|
| D | Paulette Lemay | 110 Lamplighter Dr. | Melbourne |
| D | John Mercer | 376 Lamplighter Dr. | Melbourne |
| D | Larry Moran | 357 Lamplighter Dr. | Melbourne |
| D | Emile Pierel | 377 Lamplighter Dr. | Melbourne |
| D/C | Claudette Solano | 15 Westfield Ct. | Melbourne |