

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90278 007 ***150.00

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DOCUMENT # G94344
 1. Entity Name
L.V. HOME OWNERS ASSOC. INC.

Principal Place of Business Mailing Address
182 WINCHESTER COURT **182 WINCHESTER COURT**
MELBOURNE FL 32934 **MELBOURNE FL 32934**



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 **59-2505033** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SOLANO, CLAUDETTE
15 WESTFIELD COURT
MELBOURNE FL 32934

7. Name and Address of New Registered Agent
 Name **Betty Allen**
 Street Address (P.O. Box Number is Not Acceptable)
432 Windover 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 **Betty Allen, Chairperson of the Board** 4/10/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, BETTY 432 WINDOVER COURT MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNUDTSON, ED 411 WYCLIFF STREET MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULEY, JESSE 347 WESTWIND COURT MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILDRETH, BARBARA 63 WESTVIEW COURT MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMBIER, MARY 182 WINCHESTER COURT MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECARLO, JEAN 358 LAMPLIGHTER DR MELBOURNE FL 32934	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter Buck 5 Westfield Ct. Melbourne, Fla., 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donna Maxwell 274 Lamplighter Dr. Melbourne, Fla., 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carol Girimonti 201 Windemere Ct. Melbourne, Fla., 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lorenzo Charpentier 276 Lamplighter Dr. Melbourne, Fla., 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paulette LeMay 110 Lamplighter Dr. Melbourne, Fla., 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Mercer 376 Lamplighter Dr. Melbourne, Fla., 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donna Maxwell, President* 4/10/02 1-321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Additional Directors
Emile Pierle
377 Lamplighter Dr.
Melbourne, Fla., 32934

Additional Officer
Robert DeCarlo
358 Lamplighter Dr.
Melbourne, Fla., 32934

Attachment
Document #

694 344

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