

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 030 ***150.00

DOCUMENT # H06453

1. Entity Name
LAKE RICH VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**7777 46TH AVE NO. #92
ST. PETERSBURG FL 33709**

Mailing Address
**7777 46TH AVE NO. #92
ST. PETERSBURG FL 33709**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2409482**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CHARBONEAU, ANN M
7777 48TH AVE N
#7
ST. PETERSBURG FL 33709**

Name
MARY B. FLOOD
Street Address (P.O. Box Number is Not Acceptable)
7777 46th STREET #3
City
ST. PETERSBURG FL Zip Code
33709

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 *Mary B. Flood*
(Signature, type or print name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P. RENNEL, CARLTON**
STREET ADDRESS **7777 46TH AVENUE NORTH, #74**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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

TITLE ☐ Delete
NAME **VP PURCELL, WILLIAM**
STREET ADDRESS **7777 46TH AVENUE NORTH, #73**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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

TITLE ☐ Delete
NAME **S CURREY, HARRY JR**
STREET ADDRESS **7777 48TH AVE N. #30**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE ☐ Delete
NAME **T FLOOD, MARY B**
STREET ADDRESS **7777 46TH AVENUE NORTH, #3**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

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

TITLE ☒ Delete
NAME **AS CHARBONEAU, ANN M**
STREET ADDRESS **7777 46TH AVE. N. #7**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE ☒ Change ☐ Addition
NAME **Mary B Flood**
STREET ADDRESS **REMOVE**
CITY-ST-ZIP **W. Bee (Temp)**

TITLE ☐ Delete
NAME **D COPECHAL, WALTER**
STREET ADDRESS **7777 46TH AVE. #38**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE ☐ Change ☐ Addition
NAME **SAME**
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 607, 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: *Charlotte Reynolds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 2003
Date Daytime Phone #

CR2E034 (10/02)