

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90006 002 ***150.00

0464970 AV

DOCUMENT # J11528

1. Entity Name

GARDENIA LAKE ASSOCIATION, INC.

Principal Place of Business

**8520 GARDENIA DR.
 SEMINOLE FL 33777**

Mailing Address

**8520 GARDENIA DR.
 SEMINOLE FL 33777**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2930791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, PETER D.
 5200 CENTRAL AVENUE
 ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name **Kathleen Hainisch**
 Street Address (P.O. Box Number is Not Acceptable)
3562 23rd Ave N
 City **St Petersburg** FL Zip Code **33713**

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 *May Hainisch* *Kathleen Hainisch*
 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 **D** ☒ Delete
 NAME **GRAHAM, PETER D.**
 STREET ADDRESS **5200 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **P** ☐ Delete
 NAME **HAINISCH, RICHARD K.**
 STREET ADDRESS **8520 GARDENIA DR.**
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **ST** ☐ Delete
 NAME **HAINISCH, MAY**
 STREET ADDRESS **8520 GARDENIA DR.**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **Kathleen Hainisch**
 STREET ADDRESS **3562 23rd Ave N 33713**
 CITY-ST-ZIP **St Petersburg FL 33713**

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

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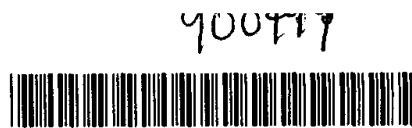
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: *May Hainisch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE