

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000002363**

1. Entity Name

LAKE FOREST TRAILS HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90019 016 ****61.25

Principal Place of Business

Mailing Address

3348 EDGEWATER DR
ORLANDO FL 328043348 EDGEWATER DR
ORLANDO FL 32804

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

APPLIED FOR

Applied For

Not Applicable

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

SEYMOUR, JAMES D JR
3348 EDGEWATER DR
ORLANDO FL 32804

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SEYMOUR, JAMES D JR	
STREET ADDRESS	3348 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHULER, C LAWRENCE	
STREET ADDRESS	3348 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BOELTER, MADELYN	
STREET ADDRESS	3348 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Madelyn Boelter 1/25/02 407-422-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)