

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000004129**

1. Entity Name
LAKE AIRE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1821 N. W. 26TH TERR
FT. LAUDERDALE FL 33311**

Mailing Address
**1821 N. W. 26TH TERR
FT. LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIRCH, MARGARET H
1821 N. W. 26TH TERR
FT. LAUDERDALE FL 33311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Margaret H. Birch*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/4/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	BIRCH, MARGARET H	
STREET ADDRESS	1821 N. W. 26TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	☐ Delete
NAME	DANDY, WILLIAM E	
STREET ADDRESS	1821 NW 26 TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	☐ Delete
NAME	PATRICK, LINDA	
STREET ADDRESS	1844 NW 26 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	☐ Delete
NAME	FLOWERS, BRENDA	
STREET ADDRESS	1801 NW 27 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	☐ Delete
NAME	WILCOX, JOETTA B	
STREET ADDRESS	2740 N. W. 17TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	☐ Delete
NAME	JONES, MATTIE J	
STREET ADDRESS	2490 N. W. 17 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Margaret H. Birch*

3/4/03 954.735-0687

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90084 013 ****66.25



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E037 (10/02)