

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

FILED
May 08, 2003 8:00 am
Secretary of State

04-16-2003 90203 049 ****61.25

DOCUMENT # N00000005814

1. Entity Name

LAKE VENUS ESTATES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~1409 PINE HILLS RD~~
~~ORLANDO FL 32808~~

~~1409 PINE HILLS RD~~
~~ORLANDO FL 32808~~

55038705

2. Principal Place of Business

3. Mailing Address

Lake Venus Estates Homeowner's Assoc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

427 Ronnie Circle

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32861-7495

4. FEI Number **59-3686491**

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

~~GOPAL BOWAN~~
~~1409 PINE HILLS RD~~
~~ORLANDO FL 32808~~

CHANGE

Name

D. PAL

Street Address (P.O. Box Number is Not Acceptable)

427 RONNIE CIRCLE

City

ORLANDO

FL

Zip Code

32811

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

Deepankar Pal

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/4/03

DATE

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

TITLE ☒ ~~GOPAL BOWAN~~ ☐ Delete
NAME ~~GOPAL BOWAN~~
STREET ADDRESS ~~1409 PINE HILLS RD~~
CITY-ST-ZIP ~~ORLANDO FL 32808~~

TITLE ☒ ~~MUNIAN, FRANK~~ ☐ Delete
NAME ~~MUNIAN, FRANK~~
STREET ADDRESS ~~7421 CLARCONA CIRCLE RD~~
CITY-ST-ZIP ~~ORLANDO FL 32810~~

TITLE ☒ ~~RAMBACH, DANRAJH~~ ☐ Delete
NAME ~~RAMBACH, DANRAJH~~
STREET ADDRESS ~~8000 PINNACLE CIRCLE~~
CITY-ST-ZIP ~~ORLANDO FL 32788~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D PAL**
STREET ADDRESS **427 Ronnie Circle**
CITY-ST-ZIP **Orlando, FL 32811 (D)**

TITLE ☒ Change ☐ Addition
NAME **Laquita Moore**
STREET ADDRESS **405 Ronnie Circle, Orlando FL 32811 (D)**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Jean T. Joseph (D)**
STREET ADDRESS **405 Fred St, Orlando, FL 32811**
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)(f), 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:

SIGNATURE REQUIRED

Deepankar Pal

4/14/03

407-375-1855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/02)