

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006709

1. Entity Name

JOANNA'S RESERVE HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90071 050 ****61.25

0077982

Principal Place of Business

819 THOMPSON RD
LITHIA FL 33547

Mailing Address

819 THOMPSON RD
LITHIA FL 33547

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 59-3689517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPP, YVETTE
819 THOMPSON RD
LITHIA FL 33547

7. Name and Address of New Registered Agent

Name John H. MINCEY
Street Address (P.O. Box Number is Not Acceptable) 4709 PATILLY LANE
City PLANT CITY FL Zip Code 33567

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

John H. Mincey
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing - Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	LAMPP, WAYNE	
STREET ADDRESS	819 THOMPSON RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	LAMPP, YVETTE	
STREET ADDRESS	819 THOMPSON RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, DANIEL F	
STREET ADDRESS	110 PIERCE CHRISTIE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mincey, John H.	
STREET ADDRESS	4709 Patilly Lane	
CITY-ST-ZIP	Plant City FL 33567	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valadez, Jesus	
STREET ADDRESS	5302 Wallace Rd Lot 6	
CITY-ST-ZIP	Plant City FL 33567	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blaiz, Leobigilda	
STREET ADDRESS	4710 Harlee Lane	
CITY-ST-ZIP	Plant City FL 33567	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mincey, Sandra S.	
STREET ADDRESS	4709 Patilly Lane	
CITY-ST-ZIP	Plant City FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-02 813-759-0825

CR2E037 (9/01)