

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

0091095

05-07-2001 90019 023 ****61.25

DOCUMENT # N00000006862

1. Entity Name

LAKE GRIFFIN ESTATES HOME OWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

1155 SOUTHW SEMORAN BLVD., #1120
 WINTER PARK FL 32792-5505

1155 SOUTHW SEMORAN BLVD., #1120
 WINTER PARK FL 32792-5505

0 1 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5695 Beggs Road

5695 Beggs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-100

Suite B-100

City & State

City & State

Orlando, FL

Orlando, FL

4. FEI Number

Applied For

59-3694184

Not Applicable

Zip

Country

Zip

Country

32810

USA

32810

USA

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

BONIFAY, ESQ., CECELIA
255 S. ORANGE AVE., #1700
ORLANDO FL 32801

Name

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

City

FL

Zip Code
32810

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFORD, JAMES	
STREET ADDRESS	1155 SOUTHW SEMORAN BLVD., #1120	
CITY-ST-ZIP	WINTER PARK FL 32792-5505	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOULUDIS, TASO	
STREET ADDRESS	1155 SOUTHW SEMORAN BLVD., #1120	
CITY-ST-ZIP	WINTER PARK FL 32792-5505	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAINER, ROY	
STREET ADDRESS	1155 SOUTHW SEMORAN BLVD., #1120	
CITY-ST-ZIP	WINTER PARK FL 32792-5505	
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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, Dennis	
STREET ADDRESS	1155 S. Semoran Blvd-Ste 1120	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gainer, Roy	
STREET ADDRESS	1155 S. Semoran Blvd-Ste 1120	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santiago, Luis	
STREET ADDRESS	1155 S. Semoran Blvd-Ste 1120	
CITY-ST-ZIP	Winter Park, FL 32792	
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		
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

4/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)