

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90111 029 ****61.25

DOCUMENT # N00000006862

1. Entity Name

LAKE GRIFFIN ESTATES HOME OWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**5995 BEGGS ROAD
 ST E B-100
 ORLANDO FL 32810**

**5995 BEGGS ROAD
 ST E B-100
 ORLANDO FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3694184

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

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

Name: **THERESA SUTHERLAND**

Street Address (P.O. Box Number is Not Acceptable)
5695 BEGGS ROAD

SUITE B-100

City **ORLANDO**

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

THERESA SUTHERLAND *Theresa Sutherland*

4-22-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, DENNIS <input checked="" type="checkbox"/> Delete
	1155 SOUTH SEMORAN BLVD., #1120 WINTER PARK FL 32792-5505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAINER, ROY <input checked="" type="checkbox"/> Delete
	1155 SOUTH SEMORAN BLVD., #1120 WINTER PARK FL 32792-5505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTIAGO, LUIS <input type="checkbox"/> Delete
	1155 SOUTH SEMORAN BLVD., #1120 WINTER PARK FL 32792-5505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HISS, STEVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	1155 SOUTH SEMORAN BLVD, STE 1120 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIPPERT, DEBORAH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	1155 SOUTH SEMORAN BLVD., STE 1120 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SANTIAGO **SANTIAGO**

4/18/02

407-296-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (9/01)