

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90525 001 ****30.63
04-17-2003 90525 002 ****30.62

DOCUMENT # N01000000580

1. Entity Name

LAKE SAPPHIRE ESTATES AND LAKE THOMAS ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

912 LAKE THOMAS LANE
LUTZ FL 33548

Mailing Address

912 LAKE THOMAS LANE
LUTZ FL 33548

2. Principal Place of Business

906 Lake Sapphire Ln.

3. Mailing Address

906 Lake Sapphire Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33548

Country

USA

Zip

33548

Country

USA

4. FEI Number

320037414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, GARY
912 LAKE THOMAS LANE
LUTZ FL 33548

7. Name and Address of New Registered Agent

Name LaPorte, Susan
Street Address (P.O. Box Number is Not Acceptable)
906 Lake Sapphire Lane
City Lutz FL Zip Code 33548

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

Brandon LaPorte Pres.

4/20/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	PAYNE, GARY	
STREET ADDRESS	912 LAKE THOMAS LANE	
CITY-ST-ZIP	LUTZ FL 33548	
TITLE	VD	☒ Delete
NAME	CARLSON, KEVIN	
STREET ADDRESS	916 LAKE THOMAS LANE	
CITY-ST-ZIP	LUTZ FL 33548	
TITLE	SD	☐ Delete
NAME	PAYNE, GRACE	
STREET ADDRESS	912 LAKE THOMAS LANE	
CITY-ST-ZIP	LUTZ FL 33548	
TITLE	TD	☐ Delete
NAME	GARCIA, LINDA	
STREET ADDRESS	911 LAKE THOMAS LANE	
CITY-ST-ZIP	LUTZ FL 33548	
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	PD	☒ Change ☐ Addition
NAME	LaPorte, Susan	
STREET ADDRESS	906 Lake Sapphire Lane	
CITY-ST-ZIP	Lutz, FL 33548	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☐ Addition
NAME	Brayton, Ellen	
STREET ADDRESS	917 Lake Sapphire Lane	
CITY-ST-ZIP	Lutz, FL 33548	
TITLE	TD	☒ Change ☐ Addition
NAME	Garcia, Cindi (C)	
STREET ADDRESS	911 Lake Thomas Lane	
CITY-ST-ZIP	Lutz, FL 33548	
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:

Brandon LaPorte Pres.

4/20/03

8139483106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)