

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90006 005 \*\*\*\*61.25

**DOCUMENT # N01000003656**

1. Entity Name

**LAKESIDE PARK AT GRAND OAKS NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

151 WYMORE ROAD SUITE 4000  
 ALTAMONTE SPRINGS FL 32714

151 WYMORE ROAD SUITE 4000  
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

4902 Eisenhower Blvd

3. Mailing Address

4902 Eisenhower Blvd

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 380

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33634

Country

USA

Zip

33634

Country

USA

4. FEI Number

59-3732056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PATRICIA KIMBALL FLETCHER, P.A.  
 200 SOUTH BISCAYNE BLVD SUITE 3410  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: **BETTY D. VALENTI**  
 Street Address (P.O. Box Number is Not Acceptable)  
 4902 Eisenhower Blvd  
 Suite 380  
 City: **Tampa** **FL** Zip Code: **33634**

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

*Betty D. Valenti*

**BETTY D. VALENTI**

7/13/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	DP VALENTI, BETTY 4902 EISENHOWER BLVD SUITE 289 TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEATHAM, RICHARD 4902 EISENHOWER BLVD SUITE 289 TAMPA FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRANT, WILLIAM E 4902 EISENHOWER BLVD SUITE 289 TAMPA FL 33634 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

*Betty D. Valenti*  
**BETTY D. VALENTI**

7/13/02 (813) 904-5263

CR2E037 (4/02)