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

DOCUMENT # N0100006694

1. Entity Name

LAKE LENA OAKS HOMEOWNERS' ASSOCIATION, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90006 022 ****61.25

					55.7				
7233 O'DONIEL LOOP EAST 7233			Mailing Address 233 O'DONIEL LOOP EAST AKEKLAND FL 33809		-		88128	UI 4101 1041	
2. Principal Place of Business 3.			iling Address						
Suite, Apt. #, etc.		S	uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		С	City & State		4. FEI Number 41	41-0208093 Applied For Not Applica		plied For t Applicable	
Zip Country		Z	ip Country		5. Certificate of Sta	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				
				Name					
SAMMONS, ROBERT O 1552 6TH STREET SE				Street Ado	Street Address (P.O. Box Number is Not Acceptable)				
WINTER HAVEN FL 33880				City	City		Zip Code	e	
the obligat	ions of registered agent.			E: Registered Agent signature	egistered agent, or both, in t	DAT			
	Signature, typed or printed name of r	registered agent and title it ap	plicable. (NOT	E: Registered Agent signature	required when remstating)				
FILE MOWEREE IN ART 25				mpaign Financing Contribution.			to		
10. OFFICERS AND DIRECTORS			S	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET AODRESS CITY-ST-ZIP	D BROWN, JIMMY D 7233 O'DONIEL LOOP LAKEKLAND FL 33809	EAST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JIMMY D 7233 O'DONIEL LOOP LAKEKLAND FL 33809	EAST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROBERT D 10Y MOHAWK CIRCEL AUBURNDALE FL 3382		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZiP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME		,	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					

indicated on this report or supplemental report is true and accurate an order that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or fusted empowered to execute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: