

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01827

1. Entity Name

LAKE MINNEOLA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90039 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 120533  
CLERMONT FL 34712

P.O. BOX 120533  
CLERMONT FL 34712-0533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

MCKINNEY, DEBORAH  
674 W OSCEOLA ST  
CLERMONT FL 34711

Name **Ginn, Dorothy P.**

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

**650 West Osceola St.**

City

**Clermont, FL**

**FL**

Zip Code  
**34711**

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

*Dorothy P. Ginn* DOROTHY P. GINN Sec-Treas.

01-20-2000

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 **DVT** ☐ Delete  
NAME **WAGNER, MARK**  
STREET ADDRESS **668 OSCEOLA ST**  
CITY-ST-ZIP **CLERMONT FL**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Wagner, Mark**  
STREET ADDRESS **668 Osceola St.**  
CITY-ST-ZIP **Clermont, FL**

TITLE **DPS** ☐ Delete  
NAME **MCKINNEY, DEBORAH**  
STREET ADDRESS **674 W. OSCEOLA ST.**  
CITY-ST-ZIP **CLERMONT FL**

TITLE **DV** ☐ Change ☒ Addition  
NAME **Booth, Jean**  
STREET ADDRESS **662 West Osceola Street**  
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **D** ☐ Delete  
NAME **CARR, MARGARET**  
STREET ADDRESS **644 OSCEOLA ST**  
CITY-ST-ZIP **CLERMONT FL**

TITLE **DST** ☐ Change ☒ Addition  
NAME **Ginn, Dorothy P.**  
STREET ADDRESS **650 West Osceola Street**  
CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

*Dorothy P. Ginn* DOROTHY P. GINN Sec-Treas. 01-20-2000 (407) 656-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)