

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90073 020 ****61.25

DOCUMENT # N01827

1. Entity Name

LAKE MINNEOLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 120533
 CLERMONT FL 34712

P.O. BOX 120533
 CLERMONT FL 34712

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

Mr. Mark Wagner

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

668 West Osceola Street

Clermont, FL 34711

City

FL

Zip Code

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

Mark Wagner
 Mark Wagner

03/27/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**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	DP	<input type="checkbox"/> Delete
NAME	WAGNER, MARK	
STREET ADDRESS	668 OSCEOLA ST	
CITY-ST-ZIP	CLERMONT FL	
TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, DEBORAH	
STREET ADDRESS	674 W. OSCEOLA ST.	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARR, MARGARET	
STREET ADDRESS	644 OSCEOLA ST	
CITY-ST-ZIP	CLERMONT FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOOTH, JEAN	
STREET ADDRESS	662 WEST OSCEOLA ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GINN, DOROTHY P	
STREET ADDRESS	650 WEST OSCEOLA ST	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/01 (407) 656-3434

Date

Daytime Phone #

CR2E037 (10/00)