

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

DOCUMENT # N02000003296

1. Entity Name

LORNA DOONE CORPORATION



Principal Place of Business

1617 W CENTRAL BLVD
ORLANDO FL 32805

Mailing Address

1617 W CENTRAL BLVD
ORLANDO FL 32805

FILED

04 OCT -1 PM 1:35

SECRETARY OF STATE



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

N/A

☒ 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

~~GONZALEZ, JENNIE P~~
1617 W CENTRAL BLVD
ORLANDO FL 32805

AREND, MARGARET

Name
AREND, MARGARET
Street Address (P.O. Box Number is Not Acceptable)
1617 W. CENTRAL Blvd
Apt. 409
City
Orlando
FL Zip Code
32805

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

Margaret Arend

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000041561960
10/04/04--01018--012 **\$1.25

FILE NOW: FEE IS \$61.25

After September 10, 2003, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JENNIE P 1617 W CENTRAL BLVD ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIRELLA, NORMA 1617 W CENTRAL BLVD ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARONTO, DONNA 1617 W CENTRAL BLVD ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRATH, KATHERINE 1617 W CENTRAL BLVD ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, HECTOR 1617 W CENTRAL BLVD ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AREND, MARGARET 1617 W. CENTRAL Blvd. Apt. 409 Orlando, FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

Margaret Arend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)



ORLANDO HOUSING AUTHORITY

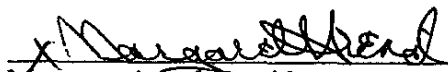
June 9, 2004

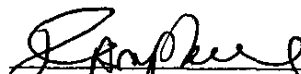
Department of State
Division of Corporations
UBR Report Filing
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Re: N02000003296
Lorna Doone Resident
Association, Inc.

Enclosed is a check in the amount of Sixty-one Dollars and twenty-five cents (\$61.25) for the confirmation of the Lorna Doone Resident Association for the year 2004.


Margaret Arend, President
Lorna Doone Resident Association


Rose Marie Campbell
Assistant Family Services Director
Orlando Housing Authority