FILED
May 01, 2003 8:00 am
Secretary of State
04-16-2003 90180 037 ****61.25

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

DOCUMENT # N02000007657

1. Entity Name
LLOYD ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 194 LLOYD FL 32337	P. O. BOX 194 LLOYD FL 32337

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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
CARROLL, BARBARA J 1410 WILD TURKEY MONTICELLO FL 32344	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara J. Carroll — 4-14-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	WILLIAMS, ROBERT	NAME	Shiver, Larry
STREET ADDRESS	899 QUAIL LANE	STREET ADDRESS	25 Blue Jay
CITY-ST-ZIP	MONTICELLO FL 32344	CITY-ST-ZIP	~~Monticello FL 32344~~
TITLE	VD ☐ Delete	TITLE	Vice Pres. ☒ Change ☐ Addition
NAME	GUBALA, DAVID	NAME	Williams, John
STREET ADDRESS	62 CARDINAL LANE	STREET ADDRESS	100 Quail Lane
CITY-ST-ZIP	MONTICELLO FL 32344	CITY-ST-ZIP	Monticello FL 32344
TITLE	SD ☐ Delete	TITLE	Secretary ☐ Change ☐ Addition
NAME	CARROLL, BARBARA J	NAME	Carroll, Barbara
STREET ADDRESS	1410 WILD TURKEY	STREET ADDRESS	1410 Wild Turkey
CITY-ST-ZIP	MONTICELLO FL 32344	CITY-ST-ZIP	Monticello FL 32344
TITLE	TD ☐ Delete	TITLE	Treasurer ☐ Change ☐ Addition
NAME	BARNES, BABETTE	NAME	Barnes, Babette
STREET ADDRESS	1030 QUAIL LANE	STREET ADDRESS	1030 Quail Lane
CITY-ST-ZIP	MONTICELLO FL 32344	CITY-ST-ZIP	Monticello FL 32344
TITLE	D ☐ Delete	TITLE	Director ☒ Change ☐ Addition
NAME	KING, RANDY	NAME	Dowler, Donna
STREET ADDRESS	95 QUAIL LANE	STREET ADDRESS	509 Quail Lane
CITY-ST-ZIP	MONTICELLO FL 32344	CITY-ST-ZIP	Monticello FL 32344
TITLE	D ☐ Delete	TITLE	Director ☒ Change ☐ Addition
NAME	CORNISH, PAUL R	NAME	Gordon, Bruce
STREET ADDRESS	104 ROBIN RD.	STREET ADDRESS	201 Robin Road
CITY-ST-ZIP	MONTICELLO FL 32344	CITY-ST-ZIP	Monticello FL 32344

CR2E037 (10/02)

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: Barbara J. Carroll — 4-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #