2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # NO2045 1. Entity Name 1250 LAKE CENTER CONDOMINIUM ASSOCIATION, INC. 05-01-2001 90032 011 ****61.25 Mailing Address Principal Place of Business 1250 S HWY 17-92 1250 S HWY 17-92 STE 120 STE 120 LONGWOOD FL 32750 LONGWOOD FL 32750 US 2. Principal Place of Business 3. Mailing Address 1250 S. HWY 17-92 HWY 17-92 1250 S, Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Soute Suite Applied For City & State 4. FEI Number City & State LONG WOOD 59-2418794 FloridA Not Applicable _026000 Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired USA Fee Required 32750 327*S*O -7.-Name and Address of New Registered Agent 🗻 💂 6. Name and Address of Current Registered Agent MCWAIN Street Address (P.O. Box Number is Not Acceptable) #250 ENGEL, BARRY 1250 S HWY 17-92 STE 120 Zip Code **3275**0 LONGWOOD LONGWOOD FL 32750 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Addition UDD TITLE Kick VPD Delete TITLE 6286 S. HWY 12-92, #230 NAME SAVOY, AL NAME STREET ADDRESS 1250 S HWY 17-92 STE 240 STREET ADDRESS LONG wood Florida 32750 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 STO Delete TITLE STD CRAIG MENSIX TITLE NAME 1250 S. HWY 17-92, #250 ENGEL, BARRY NAME STREET ADDRESS -1250.S.HWY_17-92.STE.120 STREET, ADDRESS LONGWOOD, FLORIDA 32750 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Change ☐ Addition TITLE ☐ Delete PD TITLE NAME NADROWSKI, LARRY NAME STREET ADDRESS 1250 S HWY 17-92 STE 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. LATURED (RAIG MENNY SIGNATURE TO EQUINCE (
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:**

12. I hereby certify that the information supplied with this filling 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