

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90112 026 \*\*\*\*61.25

**DOCUMENT # N02045**

1. Entity Name

1250 LAKE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1250 S HWY 17-92  
 STE 250  
 LONGWOOD FL 32750  
 US

1250 S HWY 17-92  
 STE 250  
 LONGWOOD FL 32750  
 US

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

2180 W. SR 434

Suite, Apt. #, etc.  
 STE 5000

Suite, Apt. #, etc.  
 STE 5000

City & State  
 LONGWOOD, FL

City & State  
 LONGWOOD, FL

4. FEI Number

59-2418794

Applied For

Not Applicable

Zip  
 32779-5001

Country  
 US

Zip  
 32779-5004

Country  
 US

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

MCNAIR, CRAIG D  
 1250 S HWY 17-92  
 STE 250  
 LONGWOOD FL 32750

Name  
 JAMES W. HART JR

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

2180 W. SR 434 STE 5000

City  
 LONGWOOD

FL

Zip Code  
 32779-5001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/02

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD NADROWSKI, LARRY 1250 S HWY 17-92 STE 150 LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIRK, GREG 1250 SOUTH HIGHWAY 17-92 #230 LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCNAIR, CRAIG 1250 SOUTH HIGHWAY 17-92 #230 LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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	TD 1250 SOUTH HIGHWAY 17-92 #250	<input checked="" 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 407-830-5717

Date

Daytime Phone #

CR2E037 (9/01)