

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90100 033 \*\*\*\*61.25

**DOCUMENT # N08717**

1. Entity Name

**THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, I**

Principal Place of Business

Mailing Address

2158 ROYAL DR  
 MELBOURNE FL 32904

2158 ROYAL DR  
 MELBOURNE FL 32904-9118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2401972**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATRICK F HEALY, ESQ**  
**OPOTTER, MCCLELLAND, MARKS & HEALY, P.A.**  
**700 S BABCOCK ST #400**  
**MELBOURNE FL 32901**

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.

SIGNATURE

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CERINO, JOSEPH	
STREET ADDRESS	2010 ROYAL DR	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEILL, JEAN	
STREET ADDRESS	4009 CASPIAN CT	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	.TD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM RETTIG	
STREET ADDRESS	2398 LAKES OF MELBOURNE DR	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DANE, ROBERT	
STREET ADDRESS	4011 MERIDIAN CT	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLIE KENNY	
STREET ADDRESS	2341 PARKLAND DR	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JOHN	
STREET ADDRESS	2356 PARKLAND DR	
CITY-ST-ZIP	MELBOURNE FL 32904	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN VERITY	
STREET ADDRESS	3995 BAY PORT CT	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MCINTYRE	
STREET ADDRESS	2273 LAKES OF MELBOURNE DR.	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCE BAUM	
STREET ADDRESS	3911 SOUTHWIND DR	
CITY-ST-ZIP	MELBOURNE, FL 32904	
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: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000 321-704-4406  
 Date Daytime Phone #

CR2E037 (9/99)