

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90070 022 ****61.25

DOCUMENT # N08717

1. Entity Name

THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, I

Principal Place of Business

2158 ROYAL DR
 MELBOURNE FL 32904

Mailing Address

2158 ROYAL DR
 MELBOURNE FL 32904

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

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

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CERINO, JOSEPH	2010 ROYAL DR	MELBOURNE FL 32904	<input checked="" type="checkbox"/>	PD	MCINTYRE, ROBERT	2273 LAKES OF MELBOURNE DR	MELBOURNE, FL 32904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	NEILL, JEAN	4009 CASPIAN CT	MELBOURNE FL 32904	<input type="checkbox"/>	SD	Neill, Jean	4009 CASPIAN CT	MELBOURNE, FL 32904	<input type="checkbox"/>	<input type="checkbox"/>
TD	VERITH, JOHN	3995 BAY PORT CT	MELBOURNE FL 32904	<input type="checkbox"/>	TD	VERITY, JOHN	3995 BAY PORT CT	MELBOURNE, FL 32904	<input type="checkbox"/>	<input type="checkbox"/>
VP	MCINTYRE, ROBERT	2273 LAKES OF MELBOURNE DR	MELBOURNE FL 32904	<input checked="" type="checkbox"/>	VP	GERALD BLOOM	3920 SOUTHWIND DR	MELBOURNE, FL 32904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BAUM, VINCE	5911 SOUTHWIND DR	MELBOURNE FL 32904	<input checked="" type="checkbox"/>	D	MADEZINE McCONVILLE	3984 BAY PORT CT	MELBOURNE, FL 32904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	GREEN, JOHN	2356 PARKLAND DR	MELBOURNE FL 32904	<input checked="" type="checkbox"/>	D	GREEN, JOAN	2356 PARKLAND DR	MELBOURNE, FL 32904	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Patrick Verity, Treasurer

1-8-01

Date

321-768-0241

Daytime Phone #

CR2E037 (10/00)