

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

02-10-2002 90003 044 ****61.25

DOCUMENT # N08717

1. Entity Name

THE LAKES OF MELBOURNE HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

2158 ROYAL DR
 MELBOURNE FL 32904

2158 ROYAL DR
 MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2401972

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

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 re-registering!

1-22-02

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
PD MCINTYRE, ROBERT	2273 LAKES OF MELBOURNE DR	MELBOURNE FL 32904	<input checked="" type="checkbox"/>
SD NEILL, JEAN	4008 CASPIAN CT	MELBOURNE FL 32904	<input type="checkbox"/>
TD VERITY, JOHN	3995 BAY PORT CT	MELBOURNE FL 32904	<input type="checkbox"/>
VD BLOOM, GERALD	3820 SOUTHWIND DR	MELBOURNE FL 32904	<input type="checkbox"/>
D MCCONVILLE, MADELINE	3984 BAY PORT CT	MELBOURNE FL 32904	<input checked="" type="checkbox"/>
D GREEN, JOAN	2356 PARKLAND DR	MELBOURNE FL 32904	<input type="checkbox"/>

TITLE & NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT MYRON JESSUP	2362 LAKES OF MELBOURNE DR	W. MELBOURNE, FL. 32904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD VERITY, JOHN			<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
D ROSE MARY CLEARY	2145 ROYAL DR.	W. MELBOURNE, FL. 32904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick F Healy, Esq
 3-16-02
 Date/Time Phone #

CR2E037 (8/01)