

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09150

1. Entity Name

LAKE SHORE MOBILE HOMEOWNERS ASSOCIATION OF PINE

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90014 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8003 SEMINOLE BOULEVARD  
LOT 14  
SEMINOLE FL 33772-4806  
US

8003 SEMINOLE BOULEVARD  
LOT 14  
SEMINOLE FL 33772-4806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2630527

Applied For

Not Applicable

Zip

Country

Zip

Country

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

D'AMELIO, JOSEPH  
8003 SEMINOLE BLVD., LOT #14  
SEMINOLE FL 33772

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 SD ☐ Delete

NAME ANDERSON, EVELYN  
STREET ADDRESS 8003 SEMINOLE BLVD LOT 32  
CITY-ST-ZIP SEMINOLE FL

TITLE TD ☐ Delete

NAME GOLDEN, WALTER H  
STREET ADDRESS 8003 SEMINOLE BLVD LOT 1  
CITY-ST-ZIP SEMINOLE FL

TITLE PD ☐ Delete

NAME D'AMELIO, DOROTHY  
STREET ADDRESS 8003 SEMINOLE BLVD LOT 14  
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Walter H Golden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7 MAR 00

CR2E037 (9/99)