

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90284 020 \*\*\*\*61.25

**DOCUMENT # N09150**

1. Entity Name

**LAKE SHORE MOBILE HOMEOWNERS ASSOCIATION OF PINE**

Principal Place of Business

**8003 SEMINOLE BOULEVARD  
 LOT 14  
 SEMINOLE FL 33772-4806  
 US**

Mailing Address

**8003 SEMINOLE BOULEVARD  
 LOT 14  
 SEMINOLE FL 34642**

00011051



DO NOT WRITE IN THIS SPACE

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

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**TD GOLDEN, WALTER H.**  
 STREET ADDRESS **8003 SEMINOLE BLVD LOT 1**  
 CITY-ST-ZIP **SEMINOLE FL**

TITLE NAME  Change  Addition  
**TD Eleanor Larsen**  
 STREET ADDRESS **8003 Seminole BLVD. Lot33**  
 CITY-ST-ZIP **Seminole FL.**

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

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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

**1-25-2001 (12)392-0921**

Date Daytime Phone #

CR2E037 (10/00)