

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90062 010 \*\*\*\*61.25

**DOCUMENT # N09150**

1. Entity Name

**LAKE SHORE MOBILE HOMEOWNERS ASSOCIATION OF PINE  
 LLAS COUNTY, INC.**

Principal Place of Business

Mailing Address

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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          | <b>SD</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>ANDERSON, EVELYN</b>          |  |
| STREET ADDRESS | <b>8003 SEMINOLE BLVD LOT 32</b> |  |
| CITY-ST-ZIP    | <b>SEMINOLE FL</b>               |  |
| TITLE          | <b>TD</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GOLDEN, WALTER H</b>          |  |
| STREET ADDRESS | <b>8003 SEMINOLE BLVD LOT 33</b> |  |
| CITY-ST-ZIP    | <b>SEMINOLE FL</b>               |  |
| TITLE          | <b>PD</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>D'AMELIO, DOROTHY</b>         |  |
| STREET ADDRESS | <b>8003 SEMINOLE BLVD LOT 14</b> |  |
| CITY-ST-ZIP    | <b>SEMINOLE FL</b>               |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          | <b>T-D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>TSABOLLE WELLS</b>            |  |
| STREET ADDRESS | <b>8003 SEMINOLE BLVD LOT 15</b> |  |
| CITY-ST-ZIP    | <b>SEMINOLE FLA 33772</b>        |  |
| 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    |                                  |  |

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**

*Evelyn G. Anderson Secretary*

CR2E037 (4/02)

Attachment  
98403  
#N09150

Attachment  
#N09150  
Evelyn



Check has  
already been  
received by  
you. Made out  
2/28/02. I  
called and she  
said she had  
check for \$1.25  
Thank you  
Evelyn Anderson  
Secretary

