

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

Zip

Country

Zip

Country

4. FEI Number

59-2630527

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **GOLDEN, WALTER H**
 CITY-ST-ZIP **8003 SEMINOLE BLVD LOT 33
 SEMINOLE FL**

TITLE ☐ Change ☒ Addition
 NAME **T-D**
 STREET ADDRESS **TSABOLLEWELLWOOD**
 CITY-ST-ZIP **8003 SEMINOLE BLVD LOT 15
 SEMINOLE FLA 33772**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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: SIGNATURE REQUIRED

Evelyn 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

