

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90943 001 \*\*\*\*61.25

**DOCUMENT # N16414**

1. Entity Name

**LOVELL TERRACE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1155 HIGHLAND ACRES DR.  
APOPKA FL 32703  
US1155 HIGHLAND ACRES DR.  
APOPKA FL 32703  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2882261

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

RHYNE, HERMAN JOSEPH  
1155 HIGHLAND ACRES DR.  
APOPKA FL 32703

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	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD	THOMBLESON, RICK	253 LOVELL LN APOPKA FL 32703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPD	SCHMIDT, BONNIE	265 LOVELL LN APOPKA FL 32703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	RHYNE, HERMAN JOSEPH	1155 HIGHLAND ACRES DR. APOPKA FL 32703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	FRENCH, EVY	749 BRIGHTVIEW DR LAKE MARY FL 32746	<input checked="" type="checkbox"/>		D	GINGER RENO	262 LOVELL LN. APOPKA, FL 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	CALLAHAN, RON	213 LOVELL LN APOPKA FL 32703	<input checked="" type="checkbox"/>		D	TAMARA CALLAHAN	213 LOVELL LN APOPKA, FL 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	S	LEWIS, SANDRA	2708 GLENN EDWIN CRT APOPKA FL 32712	<input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Rhyme 4/26/01 407 589-0829

Date

Daytime Phone #

CR2E037 (10/00)