

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90074 018 ****61.25

DOCUMENT # N17591

1. Entity Name

LIONSHEAD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PO BOX 20172
BRADENTON FL 34203**

**PO BOX 20172
BRADENTON FL 34203**

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

65-0462392

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

**VINING, MAUDE
5710 42ND ST E
BRADENTON FL 34203**

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 **D** ☐ Delete
NAME **ALLEN, WALTER**
STREET ADDRESS **5710 E 39TH ST CIR**
CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE **D** ☐ Delete
NAME **PLATT, MAUREEN**
STREET ADDRESS **3905 E 57TH DR**
CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE **P** ☐ Delete
NAME **SCHERROO, ANDRE**
STREET ADDRESS **4206 E 59TH PLACE**
CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE **D** ☐ Delete
NAME **RECTOR, MIKE**
STREET ADDRESS **5905 E 42ND ST**
CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE **D** ☐ Delete
NAME **MARTINEZ, LUIS A**
STREET ADDRESS **5713 39TH CIR E**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☒ Addition
NAME **Paul Labolt Director**
STREET ADDRESS **5703 E 41st St.**
CITY-ST-ZIP **Bradenton FL 34203**

TITLE **D** ☒ Delete
NAME **ARNDT, GARY**
STREET ADDRESS **5906 E 42ND AVE**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☒ Addition
NAME **Don Cichowski**
STREET ADDRESS **4107 E 59th Pl**
CITY-ST-ZIP **Bradenton FL 34203**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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:

Maude V. Vining
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/02 751-1943

CR2E037 (9/01)