

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90435 044 \*\*\*\*61.25

**DOCUMENT # N18641**

1. Entity Name  
**THE LLOYD TRIPLEX HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**5505 GRANADA BLVD.  
SEBRING FL 33872  
US**

Mailing Address  
**5505 GRANADA BLVD.  
SEBRING FL 33872**

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 **NOT APPLICABLE**

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

**HARRIS, BERT J., III  
212 INTERLAKE BLVD.  
LAKE PLACID FL 33852**

Name **ROBERT HUMPHREY**  
Street Address (P.O. Box Number is Not Acceptable)  
**5505 GRANADA BLVD  
SEBRING  
FL Zip Code 33872**

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 *Robert Humphrey*  
Signature, typed or printed name of registered agent and then 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>HUMPHREY, ROBERT</b>	
STREET ADDRESS <b>5505 GRANADA BLVD.</b>	
CITY-ST-ZIP <b>SEBRING FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>CLARKSON, JEAN</b>	
STREET ADDRESS <b>5501 GRANADA BLVD</b>	
CITY-ST-ZIP <b>SEBRING FL</b>	
TITLE <b>STD</b>	<input type="checkbox"/> Delete
NAME <b>HUMPHREY, JANE</b>	
STREET ADDRESS <b>5505 GRANADA BLVD.</b>	
CITY-ST-ZIP <b>SEBRING 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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT - D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FERDINAND VALENTINO</b>	
STREET ADDRESS <b>5501 GRANADA BLVD</b>	
CITY-ST-ZIP <b>SEBRING, FL 33872</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>SECRETARY - D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JEAN-MARIE VALENTINO</b>	
STREET ADDRESS <b>5501 GRANADA BLVD</b>	
CITY-ST-ZIP <b>SEBRING, FL 33872</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: *Robert Humphrey*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT HUMPHREY** Date **JAN 10/03** Daytime Phone **382 9923**

CR2E037 (10/02)