

**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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent  
Name **ROBERT HUMPHREY**  
Street Address (P.O. Box Number is Not Acceptable)  
**5505 GRANADA BLVD  
SEBRING**  
City **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.  
**ROBERT HUMPHREY**

(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

TITLE <b>D</b>	<b>PD HUMPHREY, ROBERT 5505 GRANADA BLVD. SEBRING FL</b>	<input type="checkbox"/> Delete
TITLE	<b>VD CLARKSON, JEAN 5501 GRANADA BLVD SEBRING FL</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>D</b>	<b>STD HUMPHREY, JANE 5505 GRANADA BLVD. SEBRING FL</b>	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>VICE PRESIDENT - D FERDINAND VALENTINO 5501 GRANADA BLVD SEBRING, FL 33872</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b>	<b>SECRETARY - D JEAN-MARIE VALENTINO 5501 GRANADA BLVD SEBRING, FL 33872</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X SIGNATURE REQUIRED** *Robert Humphrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT HUMPHREY** Date **JAN 10/03** Daytime Phone **3829923**

CR2E037 (10/02)