

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21527

1. Entity Name

VILLAS OF LAKE MAMIE HOMEOWNERS ASSOCIATION, INC

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90010 005 ****61.25

Principal Place of Business

Mailing Address

110 OLD TREE LINE TR
DELAND FL 32724
US

110 OLD TREE LINE TR
DELAND FL 32724-1300
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2863384

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RANSBOTTOM, LU ELLEN
991 OLD MILL RUN
ORMOND BEACH FL 32174

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VPD HOOD, GEORGE 145 SANDY BLUFF TRL DELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STD CHAPDELAINE, ED 120 WATERS EDGE TRL DELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
DP LEVEILLE, BILL 125 FALLEN TIMBER TRL DELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D HATHAWAY, BETTY 100 WATERS EDGE TRAIL DELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D KEEBLER, BILL 110 FALLEN TIMBER TRAIL DELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/00 904-734-8841

CR2E037 (9/99)