

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21527

1. Entity Name

VILLAS OF LAKE MAMIE HOMEOWNERS ASSOCIATION, INC

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90001 024 ****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
US

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

59-2863384

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

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

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 VPD ☐ Delete
NAME HOOD, GEORGE
STREET ADDRESS 145 SANDY BLUFF TRL
CITY-ST-ZIP DELAND FL

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

TITLE PD ☐ Delete
NAME CHAPDELAINE, ED
STREET ADDRESS 120 WATERS EDGE TRL
CITY-ST-ZIP DELAND FL

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

TITLE STD ☐ Delete
NAME LEVEILLE, BILL
STREET ADDRESS 125 FALLEN TIMBER TRL
CITY-ST-ZIP DELAND FL

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

TITLE D ☐ Delete
NAME HATHAWAY, BETTY
STREET ADDRESS 100 WATERS EDGE TRAIL
CITY-ST-ZIP DELAND FL

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

TITLE D ☐ Delete
NAME KEEBLER, BILL
STREET ADDRESS 110 FALLEN TIMBER TRAIL
CITY-ST-ZIP DELAND FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.D. Leveille Jr
Secy-Treas

Date

Daytime Phone #

2-7-02

386
734-8841

CR2E037 (9/01)