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

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90050 005 ****61.25

DOCUMENT # N21527

1. Entity Name

VILLAS OF LAKE MAMIE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
110 OLD TREE LINE TR DELAND FL 32724 US	110 OLD TREE LINE TR DELAND FL 32724 US

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOOD, GEORGE 145 SANDY BLUFF TRL DELAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ Chris Reynolds 748 Old Tree Line TR DeLand FL 32724	☐ Change ☒ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAPDELAINE, ED 120 WATERS EDGE TRL DELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LEVEILLE, BILL 125 FALLEN TIMBER TRL DELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATHAWAY, BETTY 100 WATERS EDGE TRAIL DELAND FL	☒ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Jan Giroux	☐ Change ☒ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEEBLER, BILL 110 FALLEN TIMBER TRAIL DELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: [illegible] Wm. Keebler 1-16-03 386 736-4311