## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 02, 2002 8:00 am Secretary of State **DOCUMENT # N22446** 1. Entity Name 05-01-2002 91474 020 \*\*\*\*61.25 LAKE IN THE WOODS AT VERO BEACH CONDOMINIUM ASSO Principal Place of Business Mailing Address 1900 WATERFORD DR 1900 WATERFORD DR VERO BEACH FL 32966 vero beach fl 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Clty & State City & State 4. FEI Number Applied For 59-2793180 Not Applicable Zip\_ Country Country \$8.75 Additional 5... Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PROPERTY MADE DONNER, EDWARD Street Address (P.O. Box Number is Not Acceptable) SIVD 925-7TH AVENUE VERO\_BEACH-FL-32960 Beach 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 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-11. TITLE Delete TITLE BRIGHTMAN, BRAD NAME J. Vann NAME STREET ADDRESS 1965-2 VESTMINSTER CR STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP TITLE ☐ Delete TITLE COLLETTE, RICHARD NAME NAME STREET ADDRESS 1610-1 WATERFORD DR STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIP TITLE Delete TITLE Change Addition TOWNSEND. JAMES MAXA MALIE 1940-8 WESTMINSTER CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIP TITLE DV P ☐ Delete TITLE Change ☐ Addition CARTER, VIRGINIA NAME NAME STREET ADDRESS 1920-1 WESTMINISTER CR STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32968 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RILEY, JAMES NAME NAME 1910-2 WESTMINSTER CIR STREET ADDRESS STREET ADDRESS CITY-ST-7IF VERO BEACH FL 32966 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 efficer or director of the corporation or the receiver or trustee employered 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

John Majans

**Ver**o

Beach.

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

772-563-295

☐ Change

Addition XX

FILED