

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24745

1. Entity Name

THE LAKE JULIANA LANDINGS HOMEOWNERS' ASSOCIATIO

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90013 029 \*\*\*\*65.00

Principal Place of Business

Mailing Address

CLUB HOUSE  
LAKE JULIANA LANDINGS  
AUBURNDAL FL 33823  
US

418 CLUBHOUSE LN  
AUBURNDAL FL 33823-5500  
US

014616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2874374

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

BROWNELL, HARVEY  
418 CLUBHOUSE LN  
AUBURNDAL FL 33823

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD	BROWNELL, HARVEY	<input type="checkbox"/> Delete
ST-ZIP	418 CLUBHOUSE LN AUBURNDAL FL	
VPD	DETLOFF, JEROME	<input type="checkbox"/> Delete
ST-ZIP	154 ARIANNA WAY AUBURNDAL FL	
T	WILSON, LOLA F	<input checked="" type="checkbox"/> Delete
ST-ZIP	122 JULIANA BLVD AUBURNDAL FL 33823	
SD	SACKETT, BARBARA	<input type="checkbox"/> Delete
ST-ZIP	131 ARIANNA WAW AUBURNDAL FL	
D	BRANNING, VERA	<input checked="" type="checkbox"/> Delete
ST-ZIP	310 LOOKOUT CIR AUBURNDAL FL 33823	
D	BECK, BILL	<input checked="" type="checkbox"/> Delete
ST-ZIP	271 MMARIANA DR AUBURNDAL FL 33823	

T	RUTH MOHLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	180 JULIANA BLVD. AUBURNDAL FL	
D	ROBERT LACCOY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	124 JULIANA BLVD. AUBURNDAL FL	
D	WILSON, LOLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	122 JULIANA BLVD. AUBURNDAL FL	
D	GEORGE CATO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	315 LOOKOUT CIRCLE AUBURNDAL FL	
D	HERB BILLINGTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	116 JULIANA BLVD. AUBURNDAL FL	
D	JOSIE SPORSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	183 JULIANA BLVD. AUBURNDAL FL	

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: *Patricia M. Brownell* Treasurer 2/17/00 863-984-5908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)