

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90155 028 ****61.25

DOCUMENT # N24771

1. Entity Name
LAKE GRIFFIN HARBOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**33127 BEACH VIEW DRIVE
LEESBURG FL 34788**

Mailing Address

**P O BOX 895162
LEESBURG FL 34789-5162
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 **59-2884692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DESROSIERS, ROLAND
7020 HARBORVIEW DRIVE
LEESBURG FL 34788**

7. Name and Address of New Registered Agent

Name **CURTIS ROBERT**
Street Address (P.O. Box Number is Not Acceptable)
33218 SEASHELL LANE
City **LEESBURG** FL Zip Code **34788**

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 **Robert A. Curtis, PRES.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/03

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 **PD** ☐ Delete
NAME **CURTIS, ROBERT**
STREET ADDRESS **33218 SEASHELL LANE**
CITY-ST-ZIP **LEESBURG FL 34788**

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

TITLE **VPD** ☒ Delete
NAME **NEWTON, DON**
STREET ADDRESS **7316 HARBOR VIEW DR**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **VPD** ☒ Change ☐ Addition
NAME **EICHMAN, THELMA**
STREET ADDRESS **7434 HARBOR VIEW DR.**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE **SD** ☐ Delete
NAME **SABLE, BEVERLY**
STREET ADDRESS **33216 BEACHVIEW DRIVE**
CITY-ST-ZIP **LEESBURG FL 34788**

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

TITLE **TD** ☐ Delete
NAME **DONOHUE, ROSALIE**
STREET ADDRESS **7011 HARBOR VIEW DR**
CITY-ST-ZIP **LEESBURG FL 34788**

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

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: **Rosalie Donohue Press.**

4/8/03

**352
323-9381**

CR2E037 (10/02)