

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91779 047 \*\*\*\*\*61.25

**DOCUMENT # N26980**

1. Entity Name

**LAKE JEWELL HILLS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**530 CLAIRE ST  
C/O MICHAEL SCHRIMSHER  
ORLANDO FL 32806  
US**

Mailing Address

**530 CLAIRE ST  
C/O MICHAEL SCHRIMSHER  
ORLANDO FL 32806  
US**

2. Principal Place of Business

**510 Jennie Jewell Dr.**

Suite, Apt. #, etc.

**c/o Laura Goeb**

City & State

**Orlando, FL**

Zip

**32806**

Country

**USA**

3. Mailing Address

**510 Jennie Jewell Dr.**

Suite, Apt. #, etc.

**c/o Laura Goeb**

City & State

**Orlando, FL**

Zip

**32806**

Country

**USA**

11091207



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHRIMSHER, MICHAEL A  
530 CLAIRE ST  
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name **LAURA GOEB**

Street Address (P.O. Box Number is Not Acceptable)

**510 Jennie Jewell Dr.**

City **Orlando**

**FL**

Zip Code

**32806**

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

**Laura Goeb, Director/Treasurer**

**4/30/03**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BISBEE, JENNIFER</b>	
STREET ADDRESS	<b>526 CLAIRE ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHRIMSHER, MICHAEL A.</b>	
STREET ADDRESS	<b>530 CLAIRE STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>HIERHOLZER, ED</b>	
STREET ADDRESS	<b>518 JENNIE JEWELL DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CANFIELD, JULIE</b>	
STREET ADDRESS	<b>502 JENNIE JEWELL DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAURA GOEB</b>	
STREET ADDRESS	<b>510 Jennie Jewell Dr.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Edward L. Hierholzer** 4/29/03 407 8260035

CR2E037 (10/02)