Sent By: CLAYTON & McCULLOH; 407 875 3363; Jul-2

07/25/2002 02:46 3216393245 LOSTLAKESLODGE

FILED
Aug 21, 2002 8:00 am
Secretary of State

07-16-2002 90357 033 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31665

1. Entity Name

LOST LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
140 LOST LAKE DR STE 1 COCOA FL 32926 US	140 LOST LAKE DR STE 1 COCOA FL 32926 US

[redacted]

2. Principal Place of Business — 3. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950946 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAN, PAUL V
SUITE C, 1335 E. ROBINSON ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Clayton & McCulloh

Street Address (P.O. Box Number is Not Acceptable): The Maitland McCulloh Building, 1065 Maitland Ctr. Commons Blvd.

City: Maitland FL Zip Code: 32751

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: Russell E. Klemm — Russell E. Klemm — 7-26-02

Signature (Attest or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when establishing) — DATE

After September 15, 2002, min. will be $235.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILL, JAMES F 107 AQUARIUS TERRACE COCOA FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, B J 118 AQUARIUS TERRACE COCOA FL 32926 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUNER, JAYNE 102 WOODSMILL BLVD COCOA FL 32926 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec D Kay Caputo 169 Woodsmill Blvd Cocoa Fl 32926 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARSON, DOTTIE 201 MERIDIAN RUN DRIVE COCOA FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pat Shelley 310 Meridian Run Drive, Cocoa, Fl 32926 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VPD DALTON, JOE 123 WOODSMILL BLVD COCOA FL 32926 ☐ 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

12. I hereby verify 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: SIGNATURE RECEIVED James F. Gill Pres 7-26-02

SIGNATURE: SIGNATURE RECEIVED (Signature and Title of Registrant or Attorney-in-Fact)

CR2E037 (4/02)