

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35743

1. Entity Name

LORD DERICK CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90165 024 ****61.25

Principal Place of Business

C/O DUMONT, RICHARD
3919 SE 11TH PLACE, SUITE 203
CAPT CORAL FL 33904
US

Mailing Address

C/O RICHARD D. DUMONT
14 SALVAS CT
CUMBERLAND RI 02864
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

65-0332184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LABBE, NANCY
1002 3RD ST E
LEHIGH ACRES FL 33904

7. Name and Address of New Registered Agent

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**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEROUX, LEO	
STREET ADDRESS	136 SEFTON AVE	
CITY-ST-ZIP	WARWICK RI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALONE, FRANCES	
STREET ADDRESS	715 SE 47TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BANNON, PATRICIA	
STREET ADDRESS	157 SYLVAN ST	
CITY-ST-ZIP	CENTRAL FALLS RI	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUMONT, RICHARD	
STREET ADDRESS	3919 SE 11TH PLACE, #203	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEROUX, PAULETTE	
STREET ADDRESS	136 SEFTON AVE	
CITY-ST-ZIP	WARWICK, R.I.	
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		<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:

SIGNATURE REQUIRED
RICHARD D. DUMONT

Date

Daytime Phone #

1-10-02 401-333-2575

CR2037 (9/01)