

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90073 021 ****61.25

DOCUMENT # N35743

1. Entity Name

LORD DERICK CONDOMINIUM ASSOCIATION, INC.



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

715 SE 47TH ST

Suite, Apt. #, etc.

102

City & State

CAPE CORAL, FL

Zip

33904

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0332184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LEROUX, LEO**
STREET ADDRESS **136 SEFTON AVE**
CITY-ST-ZIP **WARWICK RI**

TITLE **VD** ☐ Delete
NAME **MALONE, FRANCES**
STREET ADDRESS **715 SE 47TH ST**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **SD** ☐ Delete
NAME **LENO, PAULETTE**
STREET ADDRESS **136 SEXTON AVE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☐ Delete
NAME **DUMONT, RICHARD**
STREET ADDRESS **3919 SE 11TH PLACE, #203**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 3-303 401 692-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)