

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90211 011 ****61.25

DOCUMENT # N41222

1. Entity Name

LAKE JOHIO WATERSIDE HOMEOWNER'S ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US**

**2180 W. SR 434
 SUITE 5000
 LONGWOOD FL 32779
 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

59-3117652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JR. J W.
 SENTRY MANAGEMENT, INC.
 2180 W. SR 434, SUITE 5000
 LONGWOOD FL 32779**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **SIMON, BILL**
 STREET ADDRESS **PO BOX 1142**
 CITY-ST-ZIP **OCOFEE FL 34761**

TITLE **D** ☐ Change ☒ Addition
 NAME **BROWN, RICHARD**
 STREET ADDRESS **2112 NEW VICTOR RD**
 CITY-ST-ZIP **OCOFEE, FL 34761**

TITLE **VD** ☐ Delete
 NAME **STRINGER, SCOTT**
 STREET ADDRESS **2888 CULLENS CT**
 CITY-ST-ZIP **OCOFEE FL 34761**

TITLE **D** ☐ Change ☒ Addition
 NAME **VELEZ, HECTOR**
 STREET ADDRESS **2139 NEW VICTOR RD**
 CITY-ST-ZIP **OCOFEE, FL 34761**

TITLE **SD** ☐ Delete
 NAME **GILBERT, BILL**
 STREET ADDRESS **2752 CULLENS CT**
 CITY-ST-ZIP **OCOFEE FL 34761**

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

TITLE **TD** ☐ Delete
 NAME **BROWN, BRUCE**
 STREET ADDRESS **2791 CULLENS CT**
 CITY-ST-ZIP **OCOFEE FL 34761**

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

TITLE **D** ☐ Delete
 NAME **NEALE, SAMUEL**
 STREET ADDRESS **2783 CULLENS CT**
 CITY-ST-ZIP **OCOFEE FL 34761**

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

TITLE **D** ☒ Delete
 NAME **WHITE, AUDREY**
 STREET ADDRESS **2711 CHILD ST**
 CITY-ST-ZIP **OCOFEE FL 34761**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)