

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48992

1. Entity Name

LAS LOMAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

17220 PRIMAVERA CIR
CAPE CORAL FL 33909
US

Mailing Address

17220 PRIMAVERA CIR
CAPE CORAL FL 33909
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

65-0385305

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

VAUGHN, LOYD G.
17220 PRIMAVERA CIR
CAPE CORAL FL 33909

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
NAME VAUGHN, LOYD G
STREET ADDRESS 17220 PRIMAVERA CIR
CITY-ST-ZIP CAPE CORAL FL

☐ Delete

TITLE STD
NAME VAUGHN, ELIZABETH A
STREET ADDRESS 17220 PRIMAVERA CIR
CITY-ST-ZIP CAPE CORAL FL

☒ Delete

TITLE D
NAME HAGMANN, ROBERT C
STREET ADDRESS 221 SW 43RD ST
CITY-ST-ZIP CAPE CORAL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME DONNA LUKE
STREET ADDRESS 17061 PRIMAVERA CIR.
CITY-ST-ZIP CAPE CORAL, FL 33909

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

PD

4-16-02

Date

339-574-4805

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91470 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)