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**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90038 042 \*\*\*\*\*61.25

**DOCUMENT # N93000000028**

1. Entity Name

**LAKE LOVELY COMMUNITY ASSOCIATION, INCORPORATED**

Principal Place of Business

**841 SOUTH LAKE DESTINY ROAD  
EATONVILLE FL 32751**

Mailing Address

**841 SOUTH LAKE DESTINY ROAD  
EATONVILLE FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3083454**

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

**DINKINS, ELLA J**  
**841 S. LAKE DESTINY ROAD**  
**EATONVILLE FL 32751**

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	MCCALL, THELMA	
STREET ADDRESS	16 DEACON JONES BLVD.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELLS, MOZELLA	
STREET ADDRESS	18 LINCOLN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MARTHA	
STREET ADDRESS	144 LINCOLN BLVD.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DINKINS, ELLA	
STREET ADDRESS	841 S. LAKE DESTINY ROAD	
CITY-ST-ZIP	MAJTLAND FL 32751	
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		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ella Johnson Dinkins

Ella Johnson Dinkins

Date

4/6/2001

Daytime Phone #

407.610.9085

CR2037 (10/00)