

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005202

1. Entity Name

LOSCO WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90172 041 ****61.25

Principal Place of Business Mailing Address
11130 LOSCO JUNCTION DRIVE. SOUTH 11130 LOSCO JUNCTION DRIVE. SOUTH
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-4551
US US

2. Principal Place of Business 3. Mailing Address
4649 HARPERS FERRY LN 4649 HARPERS FERRY LN
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE FL JACKSONVILLE FL
Zip Country Zip Country
32257 U.S. 32257 U.S.

4. FEI Number 59-3214103 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

NEAL, LYNN
11130 LOSCO JUNCTION DRIVE, SOUTH
JACKSONVILLE FL 32257

Name RICHARD C. DENZIO
Street Address (P.O. Box Number is Not Acceptable)
4649 HARPERS FERRY LANE
City JACKSONVILLE FL Zip Code 32257

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 RICHARD C. DENZIO RICHARD C. DENZIO 1-12-00
Signature, typed or printed name of registered agent and title if applicable. (NOT: 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	<input checked="" type="checkbox"/> Delete
NAME	NEAL, LYNN	
STREET ADDRESS	11130 LOSCO JUNCTION DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDALL, ROBERT	
STREET ADDRESS	4633 HARPERS FERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIMARCO, ROBERT	
STREET ADDRESS	11252 LOSCO JUNCTION DR S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COPELAND, KAREN	
STREET ADDRESS	11132 STONEY POINT LANE WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	IMLER, BRIAN	
STREET ADDRESS	11149 LOSCO JUNCTION DR S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENZIO, RICHARD C.	
STREET ADDRESS	4649 HARPERS FERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

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	DIRECTOR/VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/Secretary	<input checked="" 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	Director/PRESIDENT	<input checked="" 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: RICHARD C. DENZIO RICHARD C. DENZIO 1/12/00 904-2608946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)