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FILED
May 12, 2002 8:00 am
Secretary of State
04-03-2002 90037 021 ***150.00
02-27-2002 90311 017 ****66.25

27369

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

DOCUMENT # N 94 00000 1761

1. Entity Name
LAKELAND PARK OWNERS ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1125 Hwy 98 So. Suite, Apt. #, etc. 302	2 Airy Hall Suite, Apt. #, etc.
City & State: Lakeland Fl.	City & State: Kiawah Island, SC
Zip: 33801 Country: USA	Zip: 29455 Country: USA

[redacted]
DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0557455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William R. Davis

Street Address (P.O. Box Number is Not Acceptable)
~~2907 SE~~
2907 SE 22ND Ave.

City: Ocala, FL Zip Code: 34471

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: William R. Davis William R. Davis 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 T NAME STREET ADDRESS CITY-ST-ZIP	Pres. William A. Davis 2 Airy Hall Kiawah Island, SC 29455
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Robert A. Davis 439 Ridgeway Dr. Lexington, Ky 40502
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Sec. Jean R. Davis 2 Airy Hall Kiawah Island SC 29455
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	~~V. Pres.~~ V/T Melanie J. Parsons 1763 E. 9 Mile Rd. Suite 236 Pensacola Fl 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William R. Davis William R Davis 2/14/02 843-768-7458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #