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

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FILED
Apr 30, 2003 8:00 am
Secretary of State
04-14-2003 90944 048 ****66.25

DOCUMENT # N 94000001761

1. Entity Name
LAKELAND PARK OWNERS ASSOCIATION INC

55033551

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2907 SE 22ND AVE	2907 SE 22ND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34471 Country: USA	Zip: 34471 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650557455 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: W.R. DAVIS

Street Address (P.O. Box Number is Not Acceptable): 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. I am familiar with, and accept the obligations of registered agent.

W.R. DAVIS

SIGNATURE: W.R. Davis 4/4/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT P/D NAME: W.R. DAVIS STREET ADDRESS: 2907 SE 22ND AVE. CITY-ST-ZIP: OCALA, FL 34471	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V. PRES. VPD NAME: ROBERT DAVIS STREET ADDRESS: 439 RIDGEWAY DR. CITY-ST-ZIP: LEXINGTON, KY 40502	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SECRETARY SD NAME: JEAN DAVIS STREET ADDRESS: 2907 SE 22ND AVE CITY-ST-ZIP: OCALA, FL 34471	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V/P VT NAME: MELANIE PARSONS STREET ADDRESS: 8532 SW 65TH CT. RD CITY-ST-ZIP: OCALA, FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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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 4/4/03 352-402-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #