

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

03-26-2003 90120 040 ****61.25

DOCUMENT # N95000002139

1. Entity Name

LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
MOUNT OLIVE A.M.E. CHURCH
ORLANDO FL 32805

Mailing Address
3464 DOMI-FITZ CT.
ORLANDO FL 32805

44003343



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3458082**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SALTER, CHARLIE J
3464 DOMI-FITZ CT.
ORLANDO FL 32805

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALTER, CHARLIE J 3464 DOMI-FITZ CT. ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, WILLIE 3387-FITZGERALD DR. ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PATTERSON, ELYARD 3308 CHURCH ST ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALDWIN, INELL 3386 SOUTH STREET ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOODMAN, ERNEST 3400 CHURCH ST ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, IRIS 3209 WALTER PLACE ORLANDO FL 32805	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP President SALTER, CHARLIE J. 3464 DOMI-FITZ CT. ORLANDO FL 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP President Elect FLOYD, ULYSSES 454 DOMINO DR ORLANDO FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Sec. Grace M. Burgess 220 Domino Dr Orlando FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Treas. Ernest L. Goodman 3400 Church St Orlando FL 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DT - Middlebrook 232 Wionef Ave Orlando FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Jen Kins Iris 3209 Walter Place Orlando FL 32805	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Charles Jean Salter 5/24/03

Date

Daytime Phone #

CR2E037 (10/02)

Attachment



44003343

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

March 27, 2003

LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.
3464 DOMI-FITZ CT.
ORLANDO, FL 32805

Subject: LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.

Reference Number: N95000002139

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MF

ANNUAL REPORTS SECTION

This report was here over a month before it was opened.
Please accept the corrections Respectfully yours
Charlie Jean Salter

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302