

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

DOCUMENT # *N 95000008366*

1. Entity Name

LAKE ALHO ESTATES ASSOCIATION, INC.



FILED
03 DEC -9 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13516 NE CHY RD. 1471

3. Mailing Address

13516 NE CHY RD. 1471

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WALDO FL.

City & State

WALDO FL.

Zip

32694

Country

Zip

32694

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARIETTA ROBERTSON

Street Address (P.O. Box Number is Not Acceptable)

17928 NE 136th AVE

City

WALDO FL.

FL

Zip Code

32694

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-11-03

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
NAME

*PRESIDENT
ROBERTSON ARIETTA*

STREET ADDRESS
CITY-ST-ZIP

*17928 NE 136th AVE
WALDO FL. 32694*

TITLE
NAME

*BOB
GIBBS BERNARD*

STREET ADDRESS
CITY-ST-ZIP

*17922 NE 143rd AVE
WALDO FL. 32694*

TITLE
NAME

*BOB
MARDOLA MARGRET*

STREET ADDRESS
CITY-ST-ZIP

*14023 NE 180th ST.
WALDO FL. 32694*

TITLE
NAME

*BOB
PLUMMER ARIENE*

STREET ADDRESS
CITY-ST-ZIP

*NE 136th AVE
WALDO FL. 32694*

TITLE
NAME

*BOB
SIMMONS EDDIE*

STREET ADDRESS
CITY-ST-ZIP

*17427 NE 136th AVE
WALDO FL. 32694*

TITLE
NAME

*GIBBS NAOMI
17922 NE 143rd AVE*

STREET ADDRESS
CITY-ST-ZIP

WALDO FL. 32694

TITLE
NAME

000024382400
11/03/03--01074--017 **\$61.25

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

000024382400
11/19/03--01008--022 **\$175.00

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**DO NOT WRITE
IN THIS SPACE**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

[Signature]

11-11-03

CR2E037B (12/02)