

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004426

1. Entity Name

LAKE MANN HOMES RESIDENTS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

728 GOLDWYN AVENUE
ORLANDO FL 32805

728 GOLDWYN AVENUE
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3341061

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

THOMPSON, LYVONNE
728 GOLDWYN AVENUE
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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME THOMPSON, LYVONNE
STREET ADDRESS 730 GOLDWYN AVENUE
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE
NAME LYVONNE THOMPSON
STREET ADDRESS 730 GOLDWYN AVE
CITY-ST-ZIP PD- ORLANDO FL 32805 ☐ Change ☐ Addition

TITLE VPD
NAME BROWN, MATTIE
STREET ADDRESS 566 GOLDWYN AVENUE
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE
NAME DANIELL GUYTON
STREET ADDRESS VPD-
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME LITTLES, JULIA
STREET ADDRESS 3308 ECCLESTON STREET
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE
NAME SEC-RELEASE BURNETT
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ADAMS, LILLIAN
STREET ADDRESS 3411 LAKE MANN DRIVE
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE
NAME T JULIA M. LITTLE
STREET ADDRESS 3308 ECCLESTON ST
CITY-ST-ZIP ORLANDO FL 32805 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME VT ANN CLAYTON
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 of Lyvonne Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-02 467 290-5687

FILED

May 15, 2002 8:00 am
Secretary of State

05-15-2002 90148 002 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)