

2000 UNIFORM BUSINESS REPORT (UBR)

03-19-2001 90494 044 ***298.00
N95000004944

DOCUMENT # N95000004944

1. Entity Name

BANNER LAKE RESIDENTS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 22 PM 4:33

UUUZ687U

Principal Place of Business

Mailing Address

11212 LANTANA ST
HOBE SOUND FL 33455
US

BOX 1229
HOBE SOUND FL 33475-1229
US

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

65-0625535

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

LOVELY, MARY
8575 S.E. MARS STREET
HOBE SOUND FL 33475

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	DT	<input type="checkbox"/> Delete
NAME	LOVELY, MARY	
STREET ADDRESS	8575 S.E. MARS STREET	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D President	<input type="checkbox"/> Delete
NAME	MILLER, ALFRED	
STREET ADDRESS	8429 CITRUS WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUDSON, CATHERINE	
STREET ADDRESS	12274 S.E. FLORIDA AVE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, GAYLE	
STREET ADDRESS	8429 CITRUS WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DICKESON, DAISY	
STREET ADDRESS	9092 SANDRIDGE AVE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURST, M.L.	
STREET ADDRESS	12173 S.E. FLORIDA AVE	
CITY-ST-ZIP	HOBE SOUND FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT MILLER	
STREET ADDRESS	12293 - FLA AVE	
CITY-ST-ZIP	HOBE SOUND, FL 33475	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLLIE MILLER	
STREET ADDRESS	12293, FLA. AVE	
CITY-ST-ZIP	HOBE SOUND, FL 33475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALFRED N MILLER - ALFRED N MILLER

561-881-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

3/20