

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90103 031 \*\*\*\*61.25

**DOCUMENT # N96000001648**

1. Entity Name  
**LAKEVIEW IN THE HILLS MOBILE HOMEOWNERS ASSOCIAT**

Principal Place of Business <b>10515 US HIGHWAY 301 DADE CITY FL 33525 US</b>	Mailing Address <b>10515 US HIGHWAY 301 DADE CITY FL 33525-1839 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>37908 Lake Gilbert Cir</b> Suite, Apt. #, etc. <b>Dade City, FL</b> City & State Zip Country		4. FEI Number <b>59-3362490</b>	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>BRITTEN, VIRGINIA P 37902 LAKE GILBERT CIRCLE DADE CITY FL 33525</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
7. Name and Address of New Registered Agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TINKER, ANNA 37917 LAKE GILBERT CIRCLE DADE CITY FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDA L. TOMBLIN 37915 LAKE Gilbert Cir DADE CITY, FLA 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUNDERT, JOAN 37820 LAKE GILBERT CIRCLE DADE CITY FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANNA TINKER 37917 Lake Gilbert Cir DADE City FLA 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROJAS, DOROTHY 37912 LAKE GILBERT CIRCLE DADE CITY FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRICKLAND, BEV 37826 LAKE GILBERT CIRCLE DADE CITY FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIRGINIA BRITTEN 37908 Lake Gilbert Cir DADE City FLA 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRITTEN, VIRGINIA P 37908 LAKE GILBERT CIRCLE DADE CITY FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEV STRICKLAND 37826 Lake Gilbert Cir DADE City FLA 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Virginia Britten **RED** **352-567-5550**  
Date: **April 27, 2000**  
Daytime Phone #

CR2E037 (9/99)