

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002249

1. Entity Name

LAMP POST PLACE COMMUNITY ASSOCIATION, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90570 040 ****61.25

BU05JUL1



DO NOT WRITE IN THIS SPACE

Principal Place of Business 323 10TH AVE. WEST, SUITE 103 PALMETTO FL 34221	Mailing Address 323 10TH AVE. WEST, SUITE 103 PALMETTO FL 34221
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2. Principal Place of Business P.O. BOX 2056 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 2056 Suite, Apt. #, etc.
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City & State PALMETTO FL	City & State PALMETTO FL
Zip 34221-2056	Country U.S.A.

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, PA 802 11TH STREET WEST BRADENTON FL 34205

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEWIS, DAVID P 323 10TH AVE. WEST, SUITE 103 PALMETTO FL 34221 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, BARBARA 323 10TH AVE. WEST, SUITE 103 PALMETTO FL 34221 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MARY A 323 10TH AVE. WEST, SUITE 103 PALMETTO FL 34221 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLIN, VIVIAN I 2002 14th St. Ct. West PALMETTO FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DWORAK, DONALD D 1907 14th St Ct. West PALMETTO FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Williams, Traci 1609 14th St W Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Traci Williams TRACI WILLIAMS 4-23-02 941-722-3442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)