

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000351

1. Entity Name

NON SHAREHOLDERS OWNERS ASSOCIATION OF LAKEWOOD

Principal Place of Business

Mailing Address

LOT #258  
1455 90TH AVE  
VERO BEACH FL 32966

LOT #258  
1455 90TH AVE  
VERO BEACH FL 32966-6643

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

65-0794937

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

SCHLOW, MARTHAMAE C  
LOT #258  
1455 90TH AVE  
VERO BEACH FL 32966

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHLOW, MARTHAMAE	
STREET ADDRESS	1455 OPTH AVENUE, #258	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DERYEKE, LOIS	
STREET ADDRESS	1455 90TH AVENUE, #257	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASTELLANO, CARMEN	
STREET ADDRESS	1455 90TH AVENUE, #180	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAMP, MARY	
STREET ADDRESS	1455 90TH AVENUE, #203	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORTON, DOROTHY	
STREET ADDRESS	1455 90TH AVE, #295	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, FRANK	
STREET ADDRESS	1455 90TH AVENUE, #256	
CITY-ST-ZIP	VERO BEACH FL 32966	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD DOYLE	
STREET ADDRESS	1455 90 AVE #A36	
CITY-ST-ZIP	VERO BCH. FL 32966	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS DERYKE	
STREET ADDRESS	1455 90 AVE #257	
CITY-ST-ZIP	VERO BCH, FL 32966	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN CASTELLANO	
STREET ADDRESS	1455 90 AVE #180	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY CALLAWAY	
STREET ADDRESS	1455 90 AVE #278	
CITY-ST-ZIP	VERO BCH FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMARY URGUERT	
STREET ADDRESS	1455 90TH AVE #240	
CITY-ST-ZIP	VERO BCH FL 32966	
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: MARTHAMAE C. SCHLOW 2/2/2000 (561) 567-8939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE