

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000351

1. Entity Name

NON SHAREHOLDERS OWNERS ASSOCIATION OF LAKEWOOD

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90146 017 \*\*\*\*61.25

Principal Place of Business

LOT #258  
1455 90TH AVE  
VERO BEACH FL 32966

Mailing Address

LOT #258  
1455 90TH AVE  
VERO BEACH FL 32966

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

DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DOYLE, RICHARD  
STREET ADDRESS 1455 90 AVE #257  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☒ Change ☐ Addition  
NAME ~~#257~~ # A36  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME DERYEKE, LOIS  
STREET ADDRESS 1455 90TH AVENUE, #257  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☒ Change ☐ Addition  
NAME DERYEKE DERYCKE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME CASTELLANO, CARMEN  
STREET ADDRESS 1455 90TH AVENUE, #180  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☒ Change ☐ Addition  
NAME CARMEN CARMELA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME CALLAWAY, NANCY  
STREET ADDRESS 1455 90 AVE #278  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME URQUHART, ROSEMARY  
STREET ADDRESS 1455 90TH AVE #240  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☒ Change ☐ Addition  
NAME URQUHART URQUHART  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)