

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90796 013 \*\*\*\*61.25

**DOCUMENT # N98000000351**

1. Entity Name

**NON SHAREHOLDERS OWNERS ASSOCIATION OF LAKEWOOD VILLAGE, INCORPORATED**

Principal Place of Business

Mailing Address

**LOT #258  
1455 90TH AVE  
VERO BEACH FL 32966****LOT #258  
1455 90TH AVE  
VERO BEACH FL 32966**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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, MARTHA MAE 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	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, RICHARD	
STREET ADDRESS	1455 90TH AVE #A36	
CITY-ST-ZIP	VERO BEACH FL 32966	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DERYCKE, LOIS	
STREET ADDRESS	1455 90TH AVENUE, #257	
CITY-ST-ZIP	VERO BEACH FL 32966	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CASTELLANO, CARMELA	
STREET ADDRESS	1455 90TH AVENUE, #180	
CITY-ST-ZIP	VERO BEACH FL 32966	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CALLAWAY, NANCY	
STREET ADDRESS	1455 90 AVE #278	
CITY-ST-ZIP	VERO BEACH FL 32966	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	URQUHART, ROSEMARY	
STREET ADDRESS	1455 90TH AVE #240	
CITY-ST-ZIP	VERO BEACH FL 32966	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON W. SCHERRER	
STREET ADDRESS	1455, 90TH AVE, #A42	
CITY-ST-ZIP	VERO BEACH, FL 32966	

TITLE	NPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN ASSBLIN	
STREET ADDRESS	1455, 90TH AVE, #148	
CITY-ST-ZIP	VERO BEACH, FL 32966	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA SCHERRER	
STREET ADDRESS	1455, 90TH AVE, #A42	
CITY-ST-ZIP	VERO BEACH, FL 32966	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL BONTI	
STREET ADDRESS	1455, 90TH AVE, #286	
CITY-ST-ZIP	VERO BEACH, FL 32966	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY LISTON	
STREET ADDRESS	1455, 90TH AVE, #A6	
CITY-ST-ZIP	VERO BEACH, FL 32966	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)