FILED
Jun 30, 2002 8:00 am
Secretary of State
05-24-2002 91386 002 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000507

1. Entity Name
LAKE JANE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

95472

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
478 Lake Ave.	478 Lake Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750 Country: Seminole	Zip: 32750 Country: Seminole

4. FEI Number: 593576018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Michael S. Wilson
Street Address (P.O. Box Number is Not Acceptable)
478 Lake Ave
City: Longwood FL Zip Code: 32750

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: Michael S. Wilson DATE: 5/1/02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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 D NAME PIEL, MIKE STREET ADDRESS 476 LAKE AVE. CITY-ST-ZIP LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME WILSON, MIKE STREET ADDRESS 478 LAKE AVE CITY-ST-ZIP LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME MISLIVECEK, MEL STREET ADDRESS 401 REIDER AVE. CITY-ST-ZIP LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME CORBITT, BOBBI STREET ADDRESS 730 OAK ST CITY-ST-ZIP LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael S. Wilson as Director 5/1/02 407-532-5517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #