

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90280 043 ****61.25

DOCUMENT # N98000001463

1. Entity Name

LAGO VISTA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**13301 LAGO VISTA
WINTER GARDEN FL 34787**

Mailing Address

**13352 LAGO VISTA DR.
WINTER GARDEN FL 34787**

2. Principal Place of Business

17635 LAS BRISAS CT

3. Mailing Address

13322 LAGO VISTA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN FL

City & State

WINTER GARDEN FL

Zip

34787

Country

LAKE

Zip

34787

Country

LAKE

4. FEI Number **59-3528503**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WESTON, EILEEN

13352 LAGO VISTA DR.

WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

VIRGINIA ZIMMERMAN

Street Address (P.O. Box Number is Not Acceptable)

17635 LAS BRISAS CT

City

WINTER GARDEN

FL

Zip Code

34787

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE **VIRGINIA ZIMMERMAN**

V. Zimm

PRESIDENT

2-13-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **WESTON, EILEEN**
STREET ADDRESS **13322 LAGO VISTA DR.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **TD** ☒ Delete
NAME **MOSS, RONALD N**
STREET ADDRESS **13322 LAGO VISTA DR.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☒ Delete
NAME **BENSON, TOM**
STREET ADDRESS **P.O. BOX 618042**
CITY-ST-ZIP **KISSIMEE FL 34745**

TITLE **D** ☒ Delete
NAME **SHERRITT, ANNICE**
STREET ADDRESS **17615 LAS BRISAS CT**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **TD** ☒ Delete
NAME **MOSS, RONALD**
STREET ADDRESS **15301 LAGO VISTA DRIVE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **P** ☒ Delete
NAME **REYNOLDS, JOHN**
STREET ADDRESS **17615 LAS BRISAS CT**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **VIRGINIA ZIMMERMAN**
STREET ADDRESS **17635 LAS BRISAS CT**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **TD** ☒ Change ☐ Addition
NAME **GERALD WESTON**
STREET ADDRESS **13322 LAGO VISTA DR**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **SD** ☒ Change ☐ Addition
NAME **ROBYN ROBERTS**
STREET ADDRESS **13302 LAGO VISTA DR**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☒ Change ☐ Addition
NAME **ED KNICKMAN**
STREET ADDRESS **13352 LAGO VISTA DR**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☒ Change ☐ Addition
NAME **GERI MC GINNIS**
STREET ADDRESS **13331 LAGO VISTA DR**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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: **GERALD WESTON** **2-13-03** **407-877-8002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)