

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90136 050 ****61.25

DOCUMENT # N98000003545

1. Entity Name

LAKE KISSIMMEE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**15 LAKE KISSIMMEE MHP
LAKE WALES FL 33853**

Mailing Address

**15 LAKE KISSIMMEE MHP
LAKE WALES FL 33853**

2. Principal Place of Business

15 LK. Kissimmee MHP

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WALES FL 33898

City & State

Zip

33898

Country

POLK

Zip

Country

4. FEI Number **59-3563564**

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

**LANE, DON
15 LAKE KISSIMMEE MHP
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, DON	
STREET ADDRESS	15 LAKE KISSIMMEE MHP	
CITY-ST-ZIP	LAKE WALES FL 33853 898	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATTON, RAY	
STREET ADDRESS	59 LAKE KISSIMMEE MHP	
CITY-ST-ZIP	LAKE WALES FL 33853 898	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALLEE, GEORGE	
STREET ADDRESS	51 LAKE KISSIMMEE MHP	
CITY-ST-ZIP	LAKE WALES FL 33853 898	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERROW, JENNIE	
STREET ADDRESS	32 LAKE KISSIMMEE MHP	
CITY-ST-ZIP	LAKE WALES FL 33853 898	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, CHARLES	
STREET ADDRESS	39 LAKE KISSIMMEE MHP	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, WILLIAM A	
STREET ADDRESS	45 LAKE KISSIMMEE MHP	
CITY-ST-ZIP	LAKE WALES FL 33853 898	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGE O'BRIEN	
STREET ADDRESS	45 LK Kissimmee MHP	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMERT STINE	
STREET ADDRESS	50 LK KISS. MHP	
CITY-ST-ZIP	LK WALES FL 33898	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Bojkovsky	
STREET ADDRESS	52 LK KISS. MHP	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY McCabe	
STREET ADDRESS	66 LAKE KISS. MHP	
CITY-ST-ZIP	LAKE WALES FL 33898	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2003 963-696-7293

CR2E037 (10/02)