

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 15, 2000 08:00 AM
Secretary of State

DOCUMENT # N99000000519

1. Entity Name

LAKE IRMA COMMUNITY ASSOCIATION, INC.

Principal Place of Business

430 N MILLS AVENUE
SUITE 1000
ORLANDO
32803

FL

Mailing Address

430 N MILLS AVENUE
SUITE 1000
ORLANDO
32803

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

CANNON KEVIN S
430 N MILLS AVENUE
SUITE 1000
ORLANDO
32803

FL

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.)

06/15/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					S/D	SPRING TERRY MS.				
						3019 M.L.T. ST.				
						ORLANDO	FL	32817		
					T/D	HAVERLAND MARGE MS.				
						8502 ALVERON AVE.				
						ORLANDO	FL	32817		
					P/D	RHODEN THOMAS GMR.				
						8642 VILLANOVA ST.				
						ORLANDO	FL	32817		
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.