

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90123 022 ****70.00

DOCUMENT # N99000001949

1. Entity Name

SEA OAKS H.O.A., INC.

Principal Place of Business

14414 91ST AVENUE NORTH
SEMINOLE FL 33776

Mailing Address

14414 91ST AVENUE NORTH
SEMINOLE FL 33776

2. Principal Place of Business

9226 143rd LANE N

Suite, Apt. #, etc.

3. Mailing Address

9226 143rd LANE N

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE FL

City & State

SEMINOLE, FL

4. FEI Number

59-3689131

Applied For

Not Applicable

Zip

33776

Country

USA

Zip

33776

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARDI, LEO

14414 91ST AVENUE NORTH
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name

Lynne CARLETON

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

9226 143rd LANE N

City

SEMINOLE

FL

Zip Code

33776

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

14 Feb 02

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

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LEONARDI, LEO	
STREET ADDRESS	14414 91ST AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LYKES, FRED	
STREET ADDRESS	14414 91ST AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	LEONARDI, CLAUDIA	
STREET ADDRESS	14414 91ST AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President (DP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne Carleton	
STREET ADDRESS	9226 143rd lane N	
CITY-ST-ZIP	Seminole Florida, 33776	
TITLE	Vice President (DP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEL MELLA	
STREET ADDRESS	14375 92nd Terrace N.	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	BOARD MEMBER (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL MCGAVREN	
STREET ADDRESS	9259 Sea Oaks CT	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TREASURER (DT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA LEFEVER	
STREET ADDRESS	9239 Sea Oaks CT	
CITY-ST-ZIP	Seminole FL 33776	
TITLE	SECRETARY (DS)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON KLOSE	
STREET ADDRESS	9237 143rd lane N	
CITY-ST-ZIP	Seminole, FL 33776	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynne CARLETON

Date

Daytime Phone #

14 Feb 02 127 596 3134

CR2E037 (9/01)