

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003144

1. Entity Name

HERNANDO BEACH SEASIDE VILLAS OWNERS ASSOCIATION, INC.

Principal Place of Business

3193 SHOAL LINE BLVD.
SPRING HILL FL 34607

Mailing Address

3193 SHOAL LINE BLVD.
SPRING HILL FL 34607

2. Principal Place of Business

4944 Cedarbrook Lane

3. Mailing Address

4944 Cedarbrook Lane

Suite, Apt. #, etc.

Hernando Beach, FL 34607

Suite, Apt. #, etc.

Hernando Beach, FL 34607

City & State

City & State

Zip
34607

Country
Hernando

Zip
34607

Country
Hernando

4. FEI Number

~~59-326-7603~~
~~59-3581879~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, DAVID R
5305 SPRING HILL DR.
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name
John Lehmann

Street Address (P.O. Box Number is Not Acceptable)
4944 Cedarbrook Lane

City
Hernando Beach

FL

Zip Code
34607

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

John Lehmann
Signature typed or printed name of registered agent and fee (if applicable)
John Lehmann, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, THOMAS N 3193 SHOAL LINE BLVD. SPRING HILL FL 34607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, GAIL R 3193 SHOAL LINE BLVD. SPRING HILL FL 34607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZ, LYDIA 3193 SHOAL LINE BLVD SPRING HILL FL 34607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEHMANN, JOHN 4944 Cedarbrook Lane Hernando Beach, FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEHMANN, CARROL 4944 Cedarbrook Lane Hernando Beach, FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEHMANN, JASON 14703 Seminole Trail Seminole, FL 33766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.

SIGNATURE:

John Lehmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02 352-596-2588

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91501 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)