

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-16-2000 90070 012 ****70.00

DOCUMENT # N99000006565

1. Entity Name
LOKEN SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business 1714 C.R. 1 #14 DUNEDIN FL 34698 | Mailing Address 1714 C.R. 1 #14 DUNEDIN FL 34698 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-2618578 | Applied For Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

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

**LOKEN, GARY
 1714 C.R. 1 #14
 DUNEDIN FL 34698**

| | | | | |
|------|--|------|----|----------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 | Change | Addition |
|-------|------------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| | P LOKEN, L M D. | 1714 C.R. 1 #14 | DUNEDIN FL 34698 | <input type="checkbox"/> | <input type="checkbox"/> |
| | ST LOKEN, GARY T. | 1714 C.R. 1 #14 | DUNEDIN FL 34698 | <input type="checkbox"/> | <input type="checkbox"/> |
| | LOKEN TIMOTHY D. | 6216 ROANOKE ST. | DUNEDIN, FL 34698 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 or other like empowered.

SIGNATURE: **GARY LOKEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 727-733-6097
Date Daytime Phone #

CR2E037 (9/99)