

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90165 012 ****61.25

DOCUMENT # 767486

1. Entity Name

LITHIA OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3007 WISTER CIRCLE
 VALRICO FL 33594**

**3007 WISTER CIRCLE
 VALRICO FL 33594**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2951165

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

**ROBINSON, CAROL
 3007 WISTER CIRCLE
 VALRICO FL 33594**

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)

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 **D** ☐ Delete
 NAME **ROBINSON, ROBERT**
 STREET ADDRESS **3007 WISTER CIRCLE**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **HOLCOMBE, J. MARIE**
 STREET ADDRESS **3005 WISTER CIRCLE**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MURRAY, JOY**
 STREET ADDRESS **2103 DOEFIELD COURT**
 CITY-ST-ZIP **VALRICO FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Norvell, David**
 STREET ADDRESS **2015 Wilton Lane**
 CITY-ST-ZIP **Valrico, FL**

TITLE **D** ☐ Delete
 NAME **HUNZEKER, ED**
 STREET ADDRESS **3017 WILTON LANE**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GROAT, DICK**
 STREET ADDRESS **3020 WISTER CIRCLE**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GROAT, JOAN**
 STREET ADDRESS **3020 WISTER CIRCLE**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ 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: *Marie Holcombe* **4-7-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)