## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 732149** 1. Entity Name

HUESBORO LANDINGS CONDOMINIUM ASSOCIATION NO. T WOMINC

Principal Place of Business

Mailing Address

1629 RIVERVIEW RD DEERFIELD BEACH FL 33441

Suite, Apt. #, etc.

Zip

1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441

2. Principal Place of Business 3. Mailing Address

City & State

CAMPBELL PROPERTY MGMT. 1215 E. HILLSBORO BLVD **DEERFIELD PCH FL 33441** 

Country

City & State

Suite, Apt. #, etc.

4. FEI Number

59-0669712

7. Name and Address of New Registered Agent

5: Certificate of Status Desired 

DO NOT WRITE IN THIS SPACE

**FILED** 

04-21-2002 90844 036 \*\*\*\*61.25

Apr 21, 2002 8:00 am Secretary of State

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

Name

Country

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

Zip Code FL

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

11.

\$5.00 May Be Added to Fees

Make Check Payable to **Department of State** 

|                |                              |          |                | <u> </u>                              |                |                                |
|----------------|------------------------------|----------|----------------|---------------------------------------|----------------|--------------------------------|
| TITLE          | P                            | ☐ Delete | TITLE          |                                       | ☐ Change       | Addition                       |
| NAME           | PASCAR, SHELIA               |          | NAME           |                                       |                | _ ```                          |
| STREET ADDRESS | 1629 RIVERVIEW RD. #412      |          | STREET ADDRESS |                                       |                |                                |
| CITY-ST-ZIP    | DEERFIELD BH FL 33441        |          | CITY-ST-ZIP    | ·                                     |                |                                |
| TITLE .        | Т                            | ☐ Delete | TITLE          | D                                     | <b>C</b> hange | ☐ Addition                     |
| NAME           | ROSSMAN, STEVE.              | ,        | NAME           | •                                     | <b>_</b> •     |                                |
| STREET ADDRESS | 1629 RIVERVIEW RD. #719      |          | STREET ADDRESS |                                       |                | ĺ                              |
| CITY-ST-ZIP    | DEERFIELD BCH FL 33441       |          | CITY-ST-ZIP.   | service of the service                |                | ļ                              |
| TITLE          | VD                           | ☐ Delete | TITLE          |                                       | ☐ Change       | ☐ Addition                     |
| NAME           | COBB, DONALD                 |          | NAME           |                                       |                |                                |
| STREET ADDRESS | 1629 RIVERVIEW ROAD #119     |          | STREET ADDRESS |                                       |                |                                |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33441     |          | CITY-ST-ZIP    |                                       |                |                                |
| TITLE          | SD                           | ☐ Delete | TITLE          |                                       | ☐ Change       | <b>X</b> Ad <del>ditio</del> □ |
| NAME           | HASKIN, WILLIAM              |          | NAME :         | #                                     |                |                                |
| STREET ADDRESS | 1629 RIVER VIEW ROAD         |          | STREET ADDRESS | <b>4</b> 417                          |                |                                |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33441     |          | CITY-ST-ZIP    |                                       |                |                                |
| TITLE          | D                            | Delete   | TITĻE          | T/D                                   | ☐ Change       | <b>★</b> Addition              |
| NAME           | SINGER, WALLY                |          | NAME           | TARRY UPP ANICA                       |                |                                |
| STREET ADDRESS | 1629 RIVER VIEW ROAD         |          | STREET ADDRESS | TARRY VERONICA<br>1627 RIVERVIEW ROAD | #1115          |                                |
| CITY-ST-ZIP    | DEERFIELD.BEACH FL.33441     |          | CITY-ST-ZIP    | DEDIFICIOBEACH FL                     | 33401          |                                |
| TITLE          | D                            | ☐ Delete | TITLE          |                                       | ☐ Change       | Addition                       |
| NAME           | FERGUSON, JACK               |          | NAME           |                                       |                |                                |
| STREET ADDRESS | 1627 RIVER VIEW ROAD         | _        | STREET ADDRESS | #615                                  |                |                                |
| CITY-ST-ZIP    | DEEDELE D. DEACH EL 100444 : |          | PITV. 9T. 7IP  |                                       |                |                                |

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 of ustee 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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

54-427-8770