

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90043 017 ****61.25

DOCUMENT # 736540

1. Entity Name

THE 19TH HOLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**2400 EAGLE DRIVE
 MELBOURNE FL 32935**

Mailing Address

**2400 EAGLE DRIVE
 MELBOURNE FL 32935-3586**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1704376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOULTON, FRED T
 2500-G EAGLE DRIVE
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

JAMES MORRISON

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

**2504-A BOGEY LN
 MELBOURNE**

City

FL

Zip Code

32935

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	<input type="checkbox"/> Delete
NAME	SIRIAS, RICHARD	
STREET ADDRESS	245-DLAKE WASHINGTON RD	
CITY-ST-ZIP	MELBOURNE FL 32735	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOULTON, FRED	
STREET ADDRESS	2500-G EAGLE DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOTER, NANCY	
STREET ADDRESS	2500-D EAGLE DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, PHYLLIS	
STREET ADDRESS	2504 E BOGEY LN	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMMON, GEORGE	
STREET ADDRESS	435 NORWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIET, RODERICK	
STREET ADDRESS	2501-B SAND TRAP LANE	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	MELBOURNE FL 32935	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	MELBOURNE, FL 32935	
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON JAMES	
STREET ADDRESS	2504-A BOGEY LN	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SATELLITE BEACH, FL 32937	
CITY-ST-ZIP		
TITLE	VD	<input checked="" 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 REQUIRED

12 MAR 2000 324-242-8634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)