

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90026 018 \*\*\*\*61.25

**DOCUMENT # 745706**

1. Entity Name

**HOME OWNERS ASSOCIATION OF PORT BUENA VISTA, INC.**

Principal Place of Business

Mailing Address

120 MARGARITA RD  
 EAST PALATKA FL 32131  
 US

120 MARGARITA RD  
 EAST PALATKA FL 32131  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2518205**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, ELLEN J**  
**120 MARGARITA RD**  
**PORT BUENA VISTA**  
**E. PALATKA FL 32131**

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 **PD**  Delete  
 NAME **PRICE, ELLEN**  
 STREET ADDRESS **120 MARGARITA RD**  
 CITY-ST-ZIP **E PALATKA FL 32131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **WEED, HAROLD**  
 STREET ADDRESS **114 N GERALDO**  
 CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **FANNING, DOROTHY**  
 STREET ADDRESS **103 TRESHOT CT**  
 CITY-ST-ZIP **E. PALATKA FL 32131**

TITLE  Change  Addition  
 NAME **FANNING, DOROTHY**  
 STREET ADDRESS **103 TRESHOT CT**  
 CITY-ST-ZIP **EAST PALATKA, FL. 32131**

TITLE **TD**  Delete  
 NAME **HIMELAUGH, ALLEN**  
 STREET ADDRESS **115 MARARITA RD**  
 CITY-ST-ZIP **E. PALATKA FL 32131**

TITLE  Change  Addition  
 NAME **HIMEBAUGH, ALLEN**  
 STREET ADDRESS **115 MARGARITA RD.**  
 CITY-ST-ZIP **E. PALATKA, FL. 32131**

TITLE **D**  Delete  
 NAME **ROBERTS, IVY**  
 STREET ADDRESS **113 MILLION ST**  
 CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE  Change  Addition  
 NAME **CSD JOHN THOMPSON**  
 STREET ADDRESS **110 MARGARITA RD.**  
 CITY-ST-ZIP **E. PALATKA, FL. 32131**

TITLE **D**  Delete  
 NAME **SERWE, CAROLYN**  
 STREET ADDRESS **107 MARGARITA RD**  
 CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE  Change  Addition  
 NAME **RSD SERWE, CAROLYN**  
 STREET ADDRESS **107 MARGARITA RD. E. PALATKA, FL.**

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:

*Ellen J. Price* **ELLEN J. PRICE**

**4/11/01 (904) 325-6561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Document # 745706

OFFICERS AND DIRECTORS (10)

ADDITIONS/CHANGES TO OFFICERS  
AND DIRECTORS IN 10 (11)

(X)DELETE

10. D. LOWERY, ELIJAH  
118 MARGARITA Road  
E. Palatka, Fl. 32131

(X) CHANGE

TD  
LOWERY, ELIJAH  
118 MARGARITA RD.  
E. PALATKA, Fl. 32131

53/883