

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90419 043 ****61.25

DOCUMENT # 746510

1. Entity Name

HANOVER EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1906 DERBY TR.
WELLINGTON FL 33414
US**

Mailing Address

**1906 DERBY TR.
WELLINGTON FL 33414
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 **59-2442134**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RAMOS, BEVERLY
1906 DERBY TR.
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLICAN, LINDA D	
STREET ADDRESS	1942 DERBY TR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BOYNTON, JOANNA	
STREET ADDRESS	1936 DERBY TR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMOS, BEVERLY	
STREET ADDRESS	1906 DERBY TR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	URLLA, GENA	
STREET ADDRESS	1918 DERBY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	TR	<input type="checkbox"/> Delete
NAME	RAMOS, BEVERLY T	
STREET ADDRESS	1906 DERBY TR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	VILLA, GENE	
STREET ADDRESS	1918 DERBY TR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input 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

4/28/03

561.793-0202

CR2E037 (10/02)