

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751647

1. Entity Name

MAYO CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

112 S 7TH ST.
~~P.O. BOX 666~~
FLAGLER BCH. FL 32036

Mailing Address

112 SO. 7TH ST.
FLAGLER BEACH FL 32136

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

59-2347876

Applied For

Not Applicable

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

ANDERSON, ANTOINETTE
623 CUMBERLAND DR
FLAGLER BEACH FL 32136

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

ANTOINETTE ANDERSON, TD

Antoinette Anderson

1-16-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, ROBERT 201-22ND AVE ALTOONA PA 16601	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, ANTOINETTE 623 CUMBERLAND DR. FLAGLER BEACH FL 32136	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, BETTY J. BOX 687, NA BUNNELL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Field, PAMELA 3908-14 ST. N #804 ARLINGTON, VA. 22201	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Antoinette Anderson
ANTOINETTE ANDERSON, T.D.
TREASURER

Jan. 16, 2001

904-439-3951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90059 025 ****61.25

710026



DO NOT WRITE IN THIS SPACE