

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90057 025 ****61.25

DOCUMENT # 762761

1. Entity Name

ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ANNA FINLEY
 3170 S. HIGHWAY A1A
 MELBOURNE BEACH FL 32951

C/O ANNA FINLEY
 3170 S. HIGHWAY A1A
 MELBOURNE BEACH FL 32951

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 **59-2513974**

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

WATTWOOD, ROBERT W ESQ
1686 W. HIBISCUS BLVD.
MELBOURNE FL 32901

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 | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | BAYLE, DAVE PHILIP | |
| STREET ADDRESS | 265 ALLAN LANE | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | BAYLE, PHILIP C AIAN FRENCH | |
| STREET ADDRESS | 265 ALLAN LANE 265 AIIAN LANE | |
| CITY-ST-ZIP | MELBOURNE BEACH FL MELBOURNE Bch, FL | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | GROVER, LINDA VINCENT KUBIN | |
| STREET ADDRESS | 206 ALLAN LANE 155 AIIAN LN | |
| CITY-ST-ZIP | MELBOURNE BEACH FL MELBOURNE Bch, FL | |
| TITLE | PRES. | <input type="checkbox"/> Delete |
| NAME | NORMAN, STACY | |
| STREET ADDRESS | ALLAN LANE #235 | |
| CITY-ST-ZIP | MELBOURNE BEACH FL | |
| TITLE | Sec. | <input type="checkbox"/> Delete |
| NAME | FINLEY, MRS JOSEPH M | |
| STREET ADDRESS | 3170 S HIGHWAY A1A | |
| CITY-ST-ZIP | MELBOURNE BEACH FL | |
| TITLE | Director & Tres. | <input type="checkbox"/> Delete |
| NAME | Michael Smith | |
| STREET ADDRESS | 285 AIIAN LANE | |
| CITY-ST-ZIP | MELBOURNE Bch, FL | |

| | | |
|----------------|--------------------------|---|
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert Foote | |
| STREET ADDRESS | 225 AIIAN LANE | |
| CITY-ST-ZIP | MELBOURNE Bch, FL | |
| 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-02 321-724-0403
 Date Daytime Phone #

CR2E037 (9/01)