

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766209

1. Entity Name

EAGLEWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8520 SE EAGLEWOOD WAY
HOBE SOUND FL 33455

8520 SE EAGLEWOOD WAY
HOBE SOUND FL 33455-7601

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

59-2336363

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

ALLINSON, EDWIN H
8520 SE EAGLEWOOD WAY
HOBE SOUND FL 33455

Name

Allen Kelly

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

8520 SE Eaglewood Way

City

Hobe Sound

FL

Zip Code

33455

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

Allen Kelly

Allen Kelly

4/13/00

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 ALLINSON, EDWIN
STREET ADDRESS 13032 SE CROOKED STICK LN.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE PD ☐ Change ☒ Addition
NAME Kelly, Allen
STREET ADDRESS 12866 SE Pinehurst Ct.
CITY-ST-ZIP Hobe Sound, fl. 33455

TITLE TD ☒ Delete
NAME DEWS, JOSEPH
STREET ADDRESS 13032 S.E. COG HILL CT
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE VPD ☐ Change ☒ Addition
NAME Holmgren, Mark F.
STREET ADDRESS 13136 SE Point O' Woods Ct.
CITY-ST-ZIP Hobe Sound, fl. 33455

TITLE SD ☒ Delete
NAME STORMS, ROBERT
STREET ADDRESS 12856 S.E. PINEHURST CT
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE TD ☐ Change ☒ Addition
NAME McPherson, P.F.
STREET ADDRESS 13052 SE Crooked Stick Ln.
CITY-ST-ZIP Hobe Sound, fl. 33455

TITLE VPD ☒ Delete
NAME KELLY, ALLEN
STREET ADDRESS 12866 SE PINEHURST CT.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE SD ☐ Change ☒ Addition
NAME Pollmer, G.C.
STREET ADDRESS 12708 SE Cascades Ct.
CITY-ST-ZIP Hobe Sound, fl. 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Allen Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 561-546-8100
Date Daytime Phone #

CR2E037 (9/99)