2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90075 033 ****70.00

DOCUMENT # 767078

1. Entity Name

SURREY WOODS TOWNHOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% NANCY GRIECO 2830 B STONEWAY FT. PIERCE FL 34982 US	% NANCY GRIECO 2834 B STONEWAY FT. PIERCE FL 34982 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2035 S. 26th St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
FORT Pierce FL	
City & State	City & State
Zip 34947 Country USA	Zip Country

4. FEI Number 59-2476982 ☐ 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
GRIECO, NANCY 2830 B STONEWAY LANE FT. PIERCE FL 34982	Name Street Address (P.O. Box Number is Not Acceptable) 2035 S. 26th ST. City FORT Pierce FL Zip Code 34947

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 Nancy Grieco NANCY GRIECO 4-11-01

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	D GRIECO, NANCY ~~2830-B STONEWAY LN~~ ~~FT PIERCE FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2035 S. 26th ST. FORT Pierce FL 34947
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARK, KENNETH ~~2830-B STONEWAY LANE~~ ~~FT. PIERCE FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2035 S. 26th ST FORT Pierce FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSSMAN, KATHY 2826-B STONEWAY LANE FORT PIERCE FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOIT, FRANK 2811-D STONEWAY LANE FORT PIERCE FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 4-11-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #