

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01096

1. Entity Name

HOMES ON THE PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

420 S OAK AVE
SANFORD FL 32771
US

420 S OAK AVE
SANFORD FL 32771-1826
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

59-2405774

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

BARKS, JAMES A.
312 W. FIRST ST.
SUITE 401
SANFORD FL 32771

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	PD	☐ Delete
NAME	PADGETT WALTER J	
STREET ADDRESS	420 S OAK AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	VPD	☐ Delete
NAME	CLAYTON, HENRY	
STREET ADDRESS	412 OAK AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	SEC	☐ Delete
NAME	CLAYTON, ANN	
STREET ADDRESS	412 OAK AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	TD	☐ Delete
NAME	PADGETT ROBERTA	
STREET ADDRESS	420 S OAK AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: Walter Padgett REWALTER PADGETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 407-324-9238

Date

Daytime Phone #

CR2E037 (9/99)