2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90360 045 ****61.25

0023892

DOCUMENT # N01096

1. Entity Name

HOMES ON THE PARK HOMEOWNERS ASSOCIATION, INC.

B0039756

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
420 S OAK AVE SANFORD FL 32771 US	420 S OAK AVE SANFORD FL 32771 US

2. Principal Place of Business	3. Mailing Address
412 OAK AVE	412 OAK AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD, FL
Zip: 32771 Country: USA	Zip: 32771 Country: US

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PADGETT WALTER J 420 S OAK AVE SANFORD FL	☒ Delete	PD ANN Clayton 412 OAK AVE SANFORD, FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLAYTON, HENRY 412 OAK AVENUE SANFORD FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC CLAYTON, ANN 412 OAK AVENUE SANFORD FL	☒ Delete	SEC DEBORAH WEBB 404 OAK AVE SANFORD, FL 32771	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PADGETT ROBERTA 420 S OAK AVE SANFORD FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: ROBERTA PADGETT Roberta M Padgett 4-22-01 407-324-9238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #