

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90324 012 ****61.25

DOCUMENT # N02000005740

1. Entity Name

EAGLE COURT TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772**

Mailing Address
**8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772**

2. Principal Place of Business
POST OFFICE BOX 1084
Suite, Apt. #, etc.

3. Mailing Address
POST OFFICE BOX 1084
Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FLORIDA
Zip Country
33731 USA

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ST. PETERSBURG, FLORIDA
Zip Country
33731 USA

4. FEI Number ☐ 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

**HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MANCINELLI, PAUL M**
STREET ADDRESS **237 - 7TH AVENUE NORTH #2**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **STD** ☒ Delete
NAME **MANCINELLI, RHONDA**
STREET ADDRESS **237 - 7TH AVENUE NORTH #2**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **VD** ☒ Delete
NAME **MANCINELLI, YOLANDA**
STREET ADDRESS **237 - 7TH AVENUE NORTH #2**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **SCOTT FISHER**
STREET ADDRESS **704 CHURCH ST S**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE ☐ Change ☐ Addition
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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.

SCOTT FISHER

SIGNATURE:

SIGNATURE REQUIRED

8.15.03

727-278-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)