


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

4/3

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90114 022 \*\*\*61.25

**DOCUMENT # N02000008668**  
1. Entity Name  
**FARMINGTON HILLS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**9633 HANDCART RD.  
DADE CITY FL 33523**      **9633 HANDCART RD.  
DADE CITY FL 33523**

**J0040017**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

4. FEI Number **45-0506921**      Applied For  
Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**GARDNER, J. STEPHEN  
220 SOUTH FRANKLIN ST.  
TAMPA FL 33802**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D THOMAS N. LANGE 9633 HANDCART RD. DADE CITY, FL 33523</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, T, D SUZANNE S. LANGE 9633 HANDCART RD. DADE CITY, FL 33523</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHARLES V. MAYNARD 9633 HANDCART RD. DADE CITY, FL 33523</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **THOMAS N. LANGE** (REMOVED)       Date: **2-18-03**      Daytime Phone #: **352-588-4633**

CR2E037 (10/02)