

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90065 026 ****61.25

DOCUMENT # N08554

1. Entity Name

HUCKLEBERRY FIELDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 E. SYBELIA AVE
 STE 130
 MAITLAND FL 32751
 US

100 E. SYBELIA AVE
 STE 130
 MAITLAND FL 32751-4773
 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

59-2643070

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIEBZAK, KEITH R. KL MA I
100 E SYBELIA AVE
STE 130
MAITLAND FL 32751

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 Delete
 NAME **VD LOBEN, LORRAINE**
 STREET ADDRESS **100 E. SYBELIA AVE #130**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD HAMMONS, KEN**
 STREET ADDRESS **100 E. SYBELIA AVE #130**
 CITY-ST-ZIP **MAITLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD HALL, STEPHEN**
 STREET ADDRESS **100 E. SYBELIA AVE #130**
 CITY-ST-ZIP **MAITLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ATKINS, SAM**
 STREET ADDRESS **100 E SYBELIA AVE #130**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HINSON, LOIS**
 STREET ADDRESS **100 E SYBELIA AVE #130**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 407/740-8081

Date

Daytime Phone #

CR2E037 (9/99)