

2000 UNIFORM BUSINESS REPORT (UBR)

5/:

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90049 040 ***61.25

DOCUMENT # N12466

1. Entity Name
OLD HILLSBOROUGH ESTATES HOMEOWNERS' ASSOCIATION

Principal Place of Business Mailing Address

P O BOX 2081 P O BOX 2081
 SEFFNER FL 33584 SEFFNER FL 33583-2081

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 Applied For

59-2816940 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

RUSSELL, GLADYS
222 HALTON CR
SEFFNER FL 33584

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D DELENIDES, J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	208 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	D ASCH, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	222 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL 33507	
TITLE NAME	D RUSSELL, GLADYS	<input type="checkbox"/> Delete
STREET ADDRESS	222 HALTON CR	
CITY-ST-ZIP	SEFFNER FL	
TITLE NAME	P NELSON, E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	305 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	D SALAMUN, W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	218 HALTON CR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	WM SALAMUN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	218 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL 33584	Pres.
TITLE NAME	NATHAN OAKES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	112 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	Mike Bendy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	201 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME	GeorgiA Boucher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2 HALTON CR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Wm Salamun* 4-30-00 6542415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)