

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90240 030 ****61.25

DOCUMENT # N12466

1. Entity Name
OLD HILLSBOROUGH ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**P O BOX 2081
SEFFNER FL 33584**

Mailing Address
**P O BOX 2081
SEFFNER FL 33584**

10040071



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 **59-2816940**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENDY, MIKE
201 HALTON CIR
SEFFNER FL 33584**

7. Name and Address of New Registered Agent

Name **Richard Sciante**

Street Address (P.O. Box Number is Not Acceptable)

108 Halton Circle

City **SEFFNER**

FL

Zip Code **33584**

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

Richard Sciante

3/18/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FRANTOM, CARLIE	
STREET ADDRESS	316 HALTON CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	OAKES, NATHAN	
STREET ADDRESS	112 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, GLADYS	
STREET ADDRESS	222 HALTON CR	
CITY-ST-ZIP	SEFFNER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENDY, MIKE	
STREET ADDRESS	201 HALTON CIR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLZMAN, JANET	
STREET ADDRESS	212 HALTON CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCIANTE, RICHARD	
STREET ADDRESS	108 HALTON CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Mike Bendy	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Richard Sciante	
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: *Richard Sciante*

3/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR