2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90342 008 ****61.25

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DOCUMENT # N15364

1. Entity Name

VILLA CITY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 331 RD GROVELAND FL 34736	P.O. BOX 331 RD GROVELAND FL 34736

B0023243

DO NOT WRITE IN THIS SPACE

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 59-2548653 ☐ 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
KYLE, HAROLD E 5639 MARYSVILLA RD GROVELAND FL 34736	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TITUMPSON, NEVIN 18426 VILLA CITY RD GROVELAND FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLT, MICHAEL 6920 MARYLAND AVE GROVELAND FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KYLE, HAROLD E 5639 MARYSVILLE RD GROVELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMPSON, NEVIN 18426 VILLA CITY RD GROVELAND FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERGUSON, THOMAS POB 581 GROVELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CYNDI BENZEL 7403 LAKE EMMA RD GROVELAND FL 34736	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOLT, MICHAEL 6920 MARYLAND AVE GROVELAND FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERIC KREBILL 18110 MORRISON ST GROVELAND FL 34736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOKES, RUTH 30 STOVIN AVE EAST WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELICIA PUSKAS 18316 WEST SHORE LN GROVELAND FL 34736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERGUSON, THOMAS P.O. BOX 581 N/A GROVELAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, ANDREW 19415 VILLA CITY RD GROVELAND FL 34736	☒ Change ☐ Addition

CR2E037 (10/00)

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 HAROLD E. KYLE 3/26/01 (352) 429-0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #