

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20718

1. Entity Name

LOT 15, BLOCK 278, UNIT 13 HOMEOWNERS' ASSOCIATI

Principal Place of Business

5511 GRANADA BLVD.
SEBRING FL 33872-1550

Mailing Address

5511 GRANADA BLVD.
SEBRING FL 33872-1550

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

59-2874675

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

SANGER, ROBERT H
5511 GRANADA BLVD
SEBRING FL 33872-1550

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 PD ☐ Delete
NAME HINSKEY, LEE ANN
STREET ADDRESS 5509 GRANADA BLVD.
CITY-ST-ZIP SEBRING FL 33872-1550

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SHEARER, DAS
STREET ADDRESS 5507 GRANADA BLVD.
CITY-ST-ZIP SEBRING FL 33872-1550

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SHEARER, GRACE
STREET ADDRESS 5507 GRANADA BLVD.
CITY-ST-ZIP SEBRING FL 33872-1550

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SANGER, ROBERT H
STREET ADDRESS 5511 GRANADA BLVD.
CITY-ST-ZIP SEBRING FL 33872-1550

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT H. SANGER

Date

Daytime Phone #

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90045 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)