2000 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FIL}\mathbf{ED}$ **DOCUMENT # N27840** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name LA PALOMA VILLAGE HOMEOWNER'S ASSOCIATION, INC. 04-26-2000 90213 038 ****61.25 Principal Place of Business Mailing Address 3809 CARDENAL AVE 3603 CARDENAL AVE RUSKIN FL 33573-6738 RUSKIN FL 33573 HS 2. Principal Place of Business GAYIDTA DR. GAVIDIA DR DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2887294 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER Street Address (P.O. Box Number is Not Acceptable) MANELLI, DENNIS E-501-E. KENNEDY_BLVD. --SUITE-1400-<u>TAMPA FL 33602</u> 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change ☐ Addition PD Delete TITLE TITLE ., MILLER MICHAEL NAME TEDDER, ROBERT NAME GAVIDTA DRIVE STREET ADDRESS STREET ADDRESS 3715 GAVIOTA DR 33513 CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33573 Change Addition TITLE VSD Delete TITLE GRISWOLD NAME MILLER, MICHAEL NAME 3716 GAVIOTA DRIVE STREET ADDRESS STREET ADDRESS 3634 GAVIOTA DR CITY-ST-ZIP CITY-ST-ZIP JSKIN, FL. RUSKIN FL 33573 Change Addition VSD Delete TITLE TITLE 11CHAELL MILLER BIT SUPERIOR AVE, N.W. SUITE 200 NAME LUDWIG, PATRICK NAME STREET ADDRESS STREET ADDRESS 3808 CARDENAL AVE LEVELAND, OHID CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33573 ☐ Addition SDT TITLE TITLE Delete GARRETT RIMES, PATRICIA NAME NAME GAVIOTA DRIVE STREET ADDRESS STREET ADDRESS 3809 CARDENAL AVE CITY-ST-ZIP CITY-ST-ZIP **RUSKIN FL 33573** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if esinot qua curate and 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empoyer changed, or on an attachm SIGNATURE:

SIGNING OFFICER OR DIRECTOR