

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90073 023 ****61.25

DOCUMENT # N34435

1. Entity Name

CATTLEMAN'S CROSSING HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business 5638 HEREFORD DR. NEW PORT RICHEY FL 34655 US	Mailing Address 5638 HEREFORD DR. NEW PORT RICHEY, FL 34655 US
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2. Principal Place of Business 5717 LONESOME DOVE CT. 9	3. Mailing Address 5717 LONESOME DOVE CT. 7
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Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State NEW PORT RICHEY, FL	City & State NEW PORT RICHEY, FL
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Zip 34655	Country USA	Zip 34655	Country US
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4. FEI Number 59-3020067	Applied For Not Applicable
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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

JOHN MOTLEY
5717 LONESOME DOVE CT.
NEW PORT RICHEY FL 34655

Name JOHN R. MOTLEY
Street Address (P.O. Box Number is Not Acceptable) 5717 LONESOME DOVE CT.
City NEW PORT RICHEY FL Zip Code 34655

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 JOHN R. MOTLEY *John R. Motley* DATE 2/21/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 PD	JOHN MOTLEY <input type="checkbox"/> Delete 5717 LONESOME DOVE CT. NEW PORT RICHEY FL 34655
TITLE SD	KEVIN ALLEN <input type="checkbox"/> Delete 5648 WELDFIELD RD. NEW PORT RICHEY FL 34655
TITLE VD	MONIQUE FAVE <input checked="" type="checkbox"/> Delete 5638 HEREFORD DR. NEW PORT RICHEY FL 34655
TITLE VD	GEORGE PETCHOCK <input checked="" type="checkbox"/> Delete 5654 HEREFORD DR. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAVID RENNEKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5721 LONESOME DOVE CT. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FREDERICK HARRIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5606 HEREFORD DR. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KEN BUCK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5637 WELDFIELD RD. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John R. Motley DATE 2/21/01 (727)376-5209