

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90022 050 \*\*\*\*61.25

**DOCUMENT # N36133**

1. Entity Name

**BROADWATER HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7 BROADRIVER RD  
 ORMOND BCH. FL 32174  
 US

PO BOX 731389  
 ORMOND BEACH FL 32173-1389  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3079722**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**UPCHURCH, PAUL N.**  
**7 BROADRIVER ROAD**  
**ORMOND BEACH FL 32174**

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	DV	<input type="checkbox"/> Delete
NAME	PIJOT, DAVID	
STREET ADDRESS	49 BROAD RIVER ROAD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TEETERS, BRUCE	
STREET ADDRESS	10 BROADRIVER RD	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	UPCHURCH, PAUL N.	
STREET ADDRESS	7 BROADRIVER ROAD	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LYDECKER, CHRISTINE	
STREET ADDRESS	18 BROADRIVER RD	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SELBY, DWIGHT	
STREET ADDRESS	9 BROADWATER DR	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE		<input type="checkbox"/> Delete
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL FURMAN	
STREET ADDRESS	12 BROADWATER DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

**PAUL N. UPCHURCH**

**3-7-02 386-672-4756**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

**80046405**



DO NOT WRITE IN THIS SPACE