

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**  
 04-11-2001 90115 014 \*\*\*\*61.25

0021806

**DOCUMENT # N38128**

1. Entity Name

**HOWELL CREEK PARK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

3717 ALDERGATE PL  
 CASSELBERRY FL 32707  
 US

Mailing Address

3717 ALDERGATE PL  
 CASSELBERRY FL 32707  
 US

740701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3009230

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

CAMPIONE, ANDREW T  
 3717 ALDERGATE PL  
 CASSELBERRY FL 32707

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD CAMPIONE, ANDREW T	TITLE	
NAME	CAMPIONE, ANDREW T	NAME	
STREET ADDRESS	3717 ALDERGATE PL	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE	DS CAMPIONE, KAY E	TITLE	
NAME	CAMPIONE, KAY E	NAME	
STREET ADDRESS	3717 ALDERGATE PL	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE	D FLOYD, JODI	TITLE	
NAME	FLOYD, JODI	NAME	
STREET ADDRESS	3705 ALDERGATE PL	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED* - PRESIDENT 407-9032719 699-7705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)