

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90219 009 *****61.25

DOCUMENT # N38361

1. Entity Name

HOMETOWN PHASE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2180 W SR 434,
SUITE 5000
LONGWOOD FL 32779-5044**

Mailing Address

**2180 W SR 434,
SUITE 5000
LONGWOOD FL 32779-5044**

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 **59-3049582**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W., JR.
SENTRY MANAGEMENT INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUGMAN, GWEN 9990 ALOMA BEND LN OVIEDO FL 32765	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLOWAY, RICHARD 9977 ALOMA BEND LN OVIEDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MISKIEWICZ, JOHN 9978 ALOMA BEND LN OVIEDO FL 32765	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICHSEN, MILLIE 9973 ALOMA BEND LN OVIEDO, FL 32765	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONER, DONALD 9989 ALOMA BEND LN OVIEDO, FL 32765	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLOWAY, RICHARD 9977 ALOMA BEND LN OVIEDO, FL 32765	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *MILLIE ERICHSEN* 3-13-03 407-628-6347

CR2E037 (10/02)