

2000 UNIFORM BUSINESS REPORT (UBR)

1/1/26

FILED
Jun 29, 2000 8:00 am
Secretary of State

01-26-2000 90199 006 ***61.25

DOCUMENT # N94000004315

1. Entity Name
ARMOUR MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 479 TEQUESTA DR 479 TEQUESTA DR
~~UNIT 6~~ Unit # 10 ~~UNIT 6~~ Unit # 10
 TEQUESTA FL 33469 TEQUESTA FL 33469-3607
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Unit # 10 Unit # 10

City & State City & State

Zip Country Zip Country
 33469 Palm Beach 33469 Palm Beach

4. FEI Number Applied For:
 65-0649100 Not Applicable

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

6. Name and Address of Current Registered Agent
 Pres. **WILLIAM J. BENNETT**
 479 TEQUESTA DR
 Unit # 6
 TEQUESTA FL 33469

7. Name and Address of New Registered Agent
 Name: **CHRISTOPHER A NESIBA**
 Street Address (P.O. Box Number is Not Acceptable):
 479 Tequesta drive #3
 City: **TEQUESTA** FL Zip Code: **33469**

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: **WILLIAM J. BENNETT** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **6-15-2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	D BEDNAREK, WALTER 479 TEQUESTA DR, #10 TEQUESTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V. Pres CHRISTOPHER NESIBA 479 Tequesta drive #3 Tequesta FL 33469 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFFMAN, JAMES 479 TEQUESTA DR, #10 TEQUESTA FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jennifer Murphy Secretary/Treasurer 479 Tequesta Dr #10 Tequesta FL 33469 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARRET, JAMES 479 TEQUESTA DR, APT #7 JUPITER FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRES. D WILLIAM J. BENNETT 479-6 TEQUESTA DR. TEQUESTA, FL 33469 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: **Jenny Murphy, Sec Treasurer** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **6/16/2000** Department: **788**