

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90045 009 ****61.25

DOCUMENT # N94000004315

1. Entity Name

ARMOUR MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

479 TEQUESTA DR
 UNIT 6
 TEQUESTA FL 33469
 US

479 TEQUESTA DR
 UNIT 6
 TEQUESTA FL 33469
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0649100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDNAREK, WALTER
479 TEQUESTA DR.
SUITE #6
TEQUESTA FL 33469

Name **William J. Bennett**
 Street Address (P.O. Box Number is Not Acceptable)
479 TEQUESTA DR. #6
 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.

WILLIAM J. BENNETT

SIGNATURE

William J. Bennett Pres

3-15-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	BEDNAREK, WALTER	
STREET ADDRESS	479 TEQUESTA DR, #10	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, JAMES	
STREET ADDRESS	479 TEQUESTA DR, #10	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GARRET, JAMES	
STREET ADDRESS	479 TEQUESTA DR., APT #7	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D. PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Bennett	
STREET ADDRESS	479 TEQUESTA DR #6	
CITY-ST-ZIP	TEQUESTA, FL. 33469	
TITLE	D. V.PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER NESIBA	
STREET ADDRESS	479 TEQUESTA DR. #3	
CITY-ST-ZIP	TEQUESTA, FL. 33469	
TITLE	D. Sec/Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID JONES	
STREET ADDRESS	479 TEQUESTA DR #8	
CITY-ST-ZIP	TEQUESTA, FL. 33469	
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		

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: *William J. Bennett* **WILLIAM J. BENNETT** **3-15-01** **561-745-8089**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)