

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 27, 2002 8:00 am
Secretary of State

04-29-2002 90097 048 ****61.25

DOCUMENT # N94000004315

1. Entity Name

ARMOUR MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

479 TEQUESTA DR
 UNIT 6
 TEQUESTA FL 33469
 US

Mailing Address

479 TEQUESTA DR
 UNIT 6
 TEQUESTA FL 33469
 US

95282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
Unit 8

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.
Unit 8

City & State

Zip

Country

4. FEI Number

65-0649100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, WILLIAM J
 479 TEQUESTA DRIVE 6
 TEQUESTA FL 33469

(To be deleted)

7. Name and Address of New Registered Agent

Name **DAVID M. JONES**

Street Address (P.O. Box Number is Not Acceptable)

479 Tequesta Drive # 8

City **Tequesta**

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

David M. Jones

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-02

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

TITLE **DP** Delete
 NAME **BENNETT, WILLIAM J**
 STREET ADDRESS **479 TEQUESTA DRIVE 6**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **DVP** Delete
 NAME **NESIBA, CHRISTOPHER** *(D)*
 STREET ADDRESS **479 TEQUESTA DRIVE 3**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **DST** Delete
 NAME **JONES, DAVID M.** *(D)*
 STREET ADDRESS **479 TEQUESTA DRIVE 8**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **Sec/Treas** Delete
 NAME **Bonnie Bushway** *(D)*
 STREET ADDRESS **479 Tequesta Drive #7**
 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President (LP)** Change Addition
 NAME **DAVID M. JONES.**
 STREET ADDRESS **same**
 CITY-ST-ZIP **same**

TITLE Change Addition
 NAME **TS**
 STREET ADDRESS **Bonnie Bushway 7**
 CITY-ST-ZIP **479 Tequesta Drive 7 Tequesta, FL 33469**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

DAVID M. JONES, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 747-6677
4-14-02

CR2E037 (9/01)