

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 19, 2000 08:00 AM
Secretary of State

DOCUMENT # N98000001390

1. Entity Name
 HOMES FOR RUSKIN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 220 12TH STREET S.E. RUSKIN 33570	Mailing Address 220 12TH STREET S.E. RUSKIN 33570
US FL	US FL

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3581174	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent
 BURKE EILEEN M
 220 12TH STREET S.E.
 RUSKIN FL 33570

7. Name and Address of New Registered Agent
 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 EILEEN M. BURKE DATE 06/19/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN SR DEWAY L 1207 HARVEST HOME COURT RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSD FIGUEROA HOPE 224 12TH ST SE RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOIRON JAMES 225 12TH ST SE RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEJA JAVIER 14528 BALM RIVERVIEW RD RIVERVIEW FL 33503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE EILEEN M 220 12TH ST SE RUSKIN FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DUKE DOROTHY 201 14TH AVENUE N.E. RUSKIN FL 33570 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORION JAMES 228 12TH STREET SE RUSKIN FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASAS DIANA 1218 HARVEST HOME COURT RUSKIN FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIGUEROA HOPE 224 12TH STREET SE RUSKIN FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ DEMETRIO 208 12TH STREET SE RUSKIN FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE EILEEN M 220 12TH STREET SE RUSKIN FL 33570 <input checked="" 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.