

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # N13250

1. Entity Name

SNL LOT 17 HOME OWNERS' ASSOCIATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

04-24-2000 90116 025 ****61.25

Principal Place of Business

Mailing Address

3806 VILABELLA DR
 SEBRING FL 33872
 US

3806 VILABELLA DR
 SEBRING FL 33872-1553
 US

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

59-2698563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARNELL, NINA
 3806 VILABELLA DR
 SEBRING FL 33872

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

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	PT	<input type="checkbox"/> Delete
NAME	HENDERSON, SANDRA	
STREET ADDRESS	3804 VILABELLA DRIVE	
CITY - ST - ZIP	SEBRING FL 33872	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HENDERSON, GARY	
STREET ADDRESS	3804 VILABELLA DRIVE	
CITY - ST - ZIP	SEBRING FL 33872	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PAQUIN, MARION	
STREET ADDRESS	4803 VILABELLA DRIVE	
CITY - ST - ZIP	SEBRING FL 33872	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARNELL, NINA	
STREET ADDRESS	3806 VILABELLA DRIVE	
CITY - ST - ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	(P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	(V)	<input checked="" 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	(ST)	<input checked="" 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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 863-314-8

Date

Daytime Phone

CR2E037 (9/99)