6/14

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State
06-14-2001 90014 027 ****61.25

DOCUMENT # 743489

1. Entity Name

VISION I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8259 N. MILITARY TR. STE 11 WEST PALM BEACH FL 33410 US	8259 N. MILITARY TR. STE 11 WEST PALM BEACH FL 33410 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 [redacted] ☐ 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
JAMASON, BEVERLEY 8259 N. MILITARY TR. STE 11 WEST PALM BEACH FL 33410	Name: Karen Zink Street Address (P.O. Box Number is Not Acceptable): Same 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: Karen Zink
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAINE, DON 100-C VISION TERRACE PALM BEACH GARDENS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Lori Thomas PO Box 30174 PBG FL 33420	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOODIE, THOMAS 1000C VISION DRIVE PALM BEACH GARDENS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President D Carolyn Cookson PO Box 30174 PBG, FL 33420	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCMAHAN, GWEN 2000-B VISION DRIVE PALM BCH GARDENS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Kris Giannopolis P.O. Box 30174 PBG, FL 33420	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JABAKA, RON P O BOX 30174 PALM BEACH GARDENS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D Jim Sifrit PO Box 30174 PBG, FL 33420	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS, TODD P O BOX 30174 PALM BCH GARDENS FL 33420	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director D David McWilliams PO Box 30174 PBG, FL 33420	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Lori C Thomas 4/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment
Doc# 743489
7/6/02

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 30, 2001

VISION I HOMEOWNERS ASSOCIATION, INC.
8259 N. MILITARY TR.
STE 11
WEST PALM BEACH, FL 33410 US

59-2363299

Subject: **VISION I HOMEOWNERS ASSOCIATION, INC.**

Reference Number: **743489**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs
ANNUAL REPORTS SECTION