

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-21-2002 90173 022 ****61.25

DOCUMENT # 761282

1. Entity Name

GARDEN HILLS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

**5331 MENDOZA ST.
 WEST PALM BEACH FL 33415**

Mailing Address

**GHHOA
 c/o Snodgrass Accounting Service
 5183 10th Avenue North
 Greenacres, FL 33463**

2. Principal Place of Business

5331 Mendoza

3. Mailing Address

Same

State, Apt. #, etc.

State, Apt. #, etc.

City & State

West Palm Beach

City & State

FL 33415

4. FEI Number

59-2321704

Applied For

☐ Not Applicable

Zip

33415

Country

W P B

Zip

33415

Country

W P B

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPLAN, LOUIS ESQUIRE
 ST. JOHN & KING
 500 AUSTRALIN AVE SO. #600
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

St John & Core

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

500 AUSTRALIN AVE SO. #600

City

W P B

FL

Zip Code

33401

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

TITLE **SD** ☐ Delete
 NAME **BERG, BRUCE**
 STREET ADDRESS **5437 MENDOZA ST**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete
 NAME **WELCH, DEBBIE**
 STREET ADDRESS **1552 FERNGRAN AVE**
 CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **DT** ☐ Delete
 NAME **VASSALO, CLARA**
 STREET ADDRESS **5412 MENDOZA ST**
 CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **VP** ☐ Delete
 NAME **RODRIGUEZ, L**
 STREET ADDRESS **5409 GARDEN HILLS CIR**
 CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **PD** ☐ Delete
 NAME **THEOBOLD, JUDY**
 STREET ADDRESS **5318 MENDOZA ST**
 CITY-ST-ZIP **W. PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **JERRY McWilliams**
 STREET ADDRESS **5300 MENDOZA ST**
 CITY-ST-ZIP **W. Palm Beach Fla. 33415**

TITLE ☐ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Del H**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Same**
 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:

SIGNATURE REQUIRED

3-22-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

433-2289

CR2E037 (9/01)