## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N21631



Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90148 004 \*\*\*\*61.25

**FILED** 

1. Entity Nam SEVER'S	LANDING HOMEOWNERS	S' ASSOCIATION, INC	C.			1 2, 2003 301	10 00 1	01.20	
Principal Place P O BOX 571 PALM HARBOI	ce of Business R FL 34683	Mailing Address P O BOX 571 PALM HARBOR FL 3 US	4682		T } }   Libburg Grozi	(88) (1818 <b>8</b> )(88 (188) (188)	OLDIA DIGILI DIGILI D	ION RIBIK BIDIK KIDI	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Number 5	9-2836105		Applied For Not Applicat	ole
Zip	Country	Zip	Country	у	5. Certificate of St	tatus Desired	\$8.75 Fee Re	Additional equired	
	6. Name and Address of Cur				7. Name and Add	Iress of New Regis	stered Agent		$\Box$
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MAGUIRE, SUSAN 2027 SWAN LANE			S	Street Address (P.O. Box Number is Not Acceptable)					
PALM HA	ARBOR FL 34683								Į.
				City			FL Zip	Code	
	named entity submits this stateme	nt for the purpose of changi	ing its registered o	office or register	red agent, or both, in	the State of Florida	. I am familiar	with, and accer	ot l
the obligat	tions of registered agent	Eds.				-			-
SIGNATURE .	Signature, typed or printed name of registered	appay and title if applicable	(NOTE: Registered Age		( )		DATE		1
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	organica (1) pass of passes and a segment	agent and the it applicable.		ent signature required	i when reinstating)	<del></del>			
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10.	FILE NOW: FEE IS \$61.25	9. Election Trust F	n Campaign Finar	ncing	<b>\$5.00</b> May Be	Florida I	Check Paya Department	of State	
10. TITLE	FILE NOW: FEE IS \$61.25  OFFICERS AND	9. Election Trust F	on Campaign Finar fund Contribution.	ncing	\$5.00 May Be Added to Fees	Florida I	Check Paya Department	of State	on (60)
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12. I hereby certify that the information supplied with this filling 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:**