2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733666 1. Entity Name

PROPERTY OWNERS ASSOCIATION OF MYSTERIOUS WATERS

Principal Place of Business

Mailing Address

2 MYSTERIOUS WATER RD

2 MYSTERIOUS WATER RD

FILED
Apr 19, 2001 8:00 am
Secretary of State 04-19-2001 90290 012 ****61.25

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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59-2810505 Applied For Not Applicable				
Zip		Country	Zip	Zip Country		5. Certificate of Status Desired - S8.75 Additional Fee Required				
			7. Name and Address of New Registered Agent							
				Name						,
WEAVER, 80 OSPRI CRAWFO	Street Address (P.O. Box Number is Not Acceptable)									
UNATIFUI				City		FL Zip Code				
	named entity	submits this statement for	the purpose of changing its r	registered office of	or register	ed agent, or bot	h, in the state of Fk	orida.		
SIGNATURE	Registered Agent signs	ature required	when reinstating)		DATE					
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing \$5.1 Trust Fund Contribution.		\$5.0 Added	Make Check Payable to Department of State			,	
10.		OFFICERS AND DIR	LECTORS	11.		ADDITIONS/CH/	ANGES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE	D		☐ Delete	TITLE					Change	☐ Addition
NAME	HOFFMAN	, KITTY		NAME					_ •	}
STREET ADDRESS	1062 SEM			STREET ADDRESS						j
CITY-ST-ZIP	TALLAHAS	SEE FL		CITY-ST-ZiP						
TITLE	D		☐ Delete	TITLE					☐ Change	Addition
NAME	MAUKER,	Joanna		NAME						
STREET ADDRESS,	8-OSPRGY		ere e	STREET ADDRESS		- · ·	╼.			
CITY-ST-ZIP		DVILLE FL 32327		CITY-ST-ZIP	<u> </u>					7.
TITLE	DP		☐ Delete	TITLE	1				Change	☐ Addition
NAME	BARRON,			NAME	1					ļ
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CITY-ST-ZIP		DVILLE FL 32327		CITY-ST-ZIP	 _					
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NAME	KARSTETE			NAME	Ì					
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	UNWICH	DVILLE FL 32321		·	KA	WHOK	VILLED		<u>3233</u>	
TITLE NAME			☐ Delete	TITLE			_		Change	☐ Addition
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CITY-ST-ZIP				CITY-ST-ZIP	1					
	artifu that the	1. f	this filling does not qualify for t							 .

indicated on this report or 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:

MOUNTER WILLIEBEMOANA KARSTETER 4/15/01