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

## **DOCUMENT # 745754**

FILED	
May 02, 2003 8:	00 am
Secretary of St	tate

•	E HOME OWNERS ASSOCIATI	ON, INC.			05	-02-2003 907	'26 049 1	****61.2	25
P.O. BOX 30481 P.O. BOX		Mailing Address P.O. BOX 30481 PALM BEACH GARDENS FL	33420	T TO	1 1001111 10011 1011	— — ·		11 <b>8</b> 11 <b>818</b> 11 <b>9</b> 18	sı Olbu (BE)
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State City & State				4. FEI Number 59-2044022			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		8.75 Add	ditional
	6. Name and Address of Current Re	egistered Agent		1	7. Name and Add	ess of New Reg	istered Ag	ent	
	3		Name					<del></del>	
BECKER & POLIAKOFF, PA 5		Street Address		P.O. Box Number is N	ot Acceptable)		<del></del>		
9TH FLO									
WEST PA	LM BEACH FL 33401		City		<del></del>		FL	Zip Cod	е
	named entity submits this statement for the control of the control		registered office o			he State of Florid	a. I am fan	miliar with,	and accept
FILE NOW: FEE 19 \$61.25									
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		Check I Departm		
10.	OFFICERS AND DIRE	Trust Fund Co		[_] 		Florida	Departm	nent of S	State
10.	OFFICERS AND DIRE	Trust Fund Co	ontribution.	[	Added to Fees	Florida S TO OFFICERS	Departm AND DIRE	nent of S	State
10. TITLE NAME	OFFICERS AND DIRE PD LENTZ, DONNA	Trust Fund Co	11. TITLE NAME	Secre	Added to Fees	Florida S TO OFFICERS	Departm AND DIRE	CTORS IN	State
10. TITLE NAME STREET ADDRESS	PD LENTZ, DONNA 513 SANDTREE DRIVE	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Secre Donna 920 S	Added to Fees  DDITIONS/CHANGE etary/Direc a Rizzo Sandtree Dr	Florida S TO OFFICERS tor	Departm AND DIRE	CTORS IN	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENTZ, DONNA 513 SANDTREE DRIVE PALM BCH GARDENS FL 33403	Trust Fund Co	11. TITLE NAME	Secre Donna 920 S	Added to Fees  DDITIONS/CHANGE etary/Direc a Rizzo	Florida S TO OFFICERS tor	AND DIRE	CTORS IN	I 10 Addition
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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:**