

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90073 006 ****70.00

DOCUMENT # 752229

1. Entity Name

V.F.W. POST NO. 3227, HOME ASSOCIATION

Principal Place of Business

**915 NEW YORK AVE
 ST CLOUD FL 34769-3361**

Mailing Address

**915 NEW YORK AVE
 ST CLOUD FL 34769-3361**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1861954

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONBOY, DAVID L
 72 WYCOMING AVE
 ST CLOUD FL 34969**

Name

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

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

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	CD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, CHARLES	
STREET ADDRESS	421 EAST 17TH ST	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HODGES, CHARLES	
STREET ADDRESS	12 WYOMING AVE	
CITY-ST-ZIP	ST CLOUD FL 34765	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALL, CHARLES	
STREET ADDRESS	801 CALIFORNIA AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	JVPD	<input checked="" type="checkbox"/> Delete
NAME	DEPIN, HOMER	
STREET ADDRESS	325 ROSEDALE AVE LOT 64	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SWANSON, CHARLES	
STREET ADDRESS	2670 ANN AVE.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONBOY, DAVID L	
STREET ADDRESS	4945 SPIRAL WAY	
CITY-ST-ZIP	ST. CLOUD FL 34769	

TITLE	CD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES CHARLES	
STREET ADDRESS	12 WYOMING AVE.	
CITY-ST-ZIP	ST. CLOUD 71 34765	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYR JOSEPH CH	
STREET ADDRESS	801 FLORIDA AVE.	
CITY-ST-ZIP	ST. CLOUD 71 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, JACK	
STREET ADDRESS	1700 EASTERN AVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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) T (CHARLES HALL) 2/7/02 407-892-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)