

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90392 014 ****61.25

DOCUMENT # 752229



1. Entity Name
V.F.W. POST NO. 3227, HOME ASSOCIATION

Principal Place of Business Mailing Address
915 NEW YORK AVE 915 NEW YORK AVE
ST CLOUD FL 34769-3361 ST CLOUD FL 34769-3361

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1861954** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



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 **Charles Hodgins**

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

City **St. Cloud** FL Zip Code **34769**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Charles Hodgins, Commander

4/10/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	HODGES, CHARLES	
STREET ADDRESS	12 WYOMING AVE	
CITY-ST-ZIP	ST CLOUD FL 34765	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HODGES, CHARLES	
STREET ADDRESS	801 FLORIDA AVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALL, CHARLES	
STREET ADDRESS	801 CALIFORNIA AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	JUPD	<input type="checkbox"/> Delete
NAME	MURPHY, JACK	
STREET ADDRESS	1700 EASTERN AVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SWANSON, CHARLES	
STREET ADDRESS	2670 ANN AVE.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONBOY, DAVID L	
STREET ADDRESS	4945 SPIRAL WAY	
CITY-ST-ZIP	ST. CLOUD FL 34769	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGINS, Charles	
STREET ADDRESS		
CITY-ST-ZIP	34769	
TITLE	JUPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARATCZYK, RON	
STREET ADDRESS	3227 HUNTERS CHASE LOOP	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIPSON, JIM	
STREET ADDRESS	1417 SUGARBERRY LN	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ashbaugh, William	
STREET ADDRESS	1103 WISCONSIN AVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	

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]* **CHARLES Hodgins** 4/10/03 407-892-6761

CR2E037 (10/02)