

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755753

1. Entity Name

SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

HOME OWNERS ASSO. INC.
P.O. BOX 339
BOKEELIA FL 33922

Mailing Address

HOME OWNERS ASSO. INC.
P.O. BOX 339
BOKEELIA FL 33922-0339

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

59-2337724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLDUC, THERESE
7728 FARRELL RD
BOKEELIA FL 33922-8912

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 Therese L. Bolduc

Signature, typed or printed name of registered agent and title if applicable.

Therese L. Bolduc Treasurer

(NOTE: Registered Agent signature required when reinstating)

4-5-2000

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	VP	<input type="checkbox"/> Delete
NAME	BUNN, BETTY	
STREET ADDRESS	HELEN RD	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, BERNARD	
STREET ADDRESS	CARPENTER RD	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ECKER, LOUIS	
STREET ADDRESS	7711 FARRELL RD	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOLDUC, THERESE L	
STREET ADDRESS	7728 FARRELL ROAD	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEITELSCHIES, JEAN	
STREET ADDRESS	7602 HELEN ROAD	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONNELL, MICHAEL	
STREET ADDRESS	7664 FARRELL RD	
CITY-ST-ZIP	BOKEELIA FL 33922	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HAROLD SCHNEIDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN KAY RD.	
STREET ADDRESS	15217	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: SIG. L. BOLDUC, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000

Date

283-7935

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE