

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90099 002 ****61.25

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

00031750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2337724**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

(NOTE: Registered Agent signature required when reinstating)

Treasurer

4-4-001
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 ☐ Delete
NAME **VP**
STREET ADDRESS **BUNN, BETTY**
CITY-ST-ZIP **HELEN RD**
BOKEELIA FL

TITLE ☒ Change ☐ Addition
NAME **ME M'COY**
STREET ADDRESS **7601 FARRELL RD**
CITY-ST-ZIP **Bokeelia FL. 33922**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCHNEIDER, HAROLD**
CITY-ST-ZIP **15227 SUSAN KAY RD**
BOKEELIA FL 33922

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ECKER, LOUIS**
CITY-ST-ZIP **7711 FARRELL RD**
BOKEELIA FL 33922

TITLE ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BOLDUC, THERESE L**
CITY-ST-ZIP **7728 FARRELL ROAD**
BOKEELIA FL

TITLE ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **O'DONNELL, MICHAEL**
CITY-ST-ZIP **7664 FARRELL RD**
BOKEELIA FL 33922

TITLE ☐ Change ☐ Addition
NAME **Same.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TRUSTEE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **JIM SCHRIMMEL**
CITY-ST-ZIP **7743 FARRELL RD**
Bokeelia FL. 33922

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: Therese L Bolduc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4-4-001

941-2835687
Daytime Phone #

CR2E037 (10/00)