

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755836

1. Entity Name

ESCONDIDA PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90289 045 ****61.25

Principal Place of Business

Mailing Address

6745 ESCONDIDA DR.
W PALM BEACH FL 33406-5214
US

6745 ESCONDIDA DR.
W PALM BEACH FL 33406-5214
US

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

59-2082379

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

HAMILTON, JOANNE
6745 ESCONDIDA DR.
W PALM BCH FL 33406

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 PD
NAME DOBAY, JAMES
STREET ADDRESS 6720 ESCCONDIDA DR.
CITY-ST-ZIP W. PALM BEACH FL ☐ Delete

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

TITLE VD
NAME BOATWRIGHT, DAN
STREET ADDRESS 6760 ESCCONDIDA DR.
CITY-ST-ZIP W. PALM BCH. FL ☐ Delete

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

TITLE STD
NAME HAMILTON, JOANNE
STREET ADDRESS 6745 ESCCONDIDA DR.
CITY-ST-ZIP W. PALM BEACH FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE A. HAMILTON

4-10-02

561-745-2224

CP2E037 (9/01)