

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759494

1. Entity Name

DARK HAMMOCK ESTATES PROPERTY OWNERS ASSOCIATION

Principal Place of Business

603 RIBAUT RD.
FT. PIERCE FL 34947
US

Mailing Address

308 JUAN ORTIZ CIRCLE
FT. PIERCE FL 34947
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

608 Juan Ortiz Cir.

FT. Pierce, FL

34947

US

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARIAS, HECTOR
603 RIBAUT RD.
FT. PIERCE FL 34947

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARIAS, HECTOR	
STREET ADDRESS	603 RIBAUT RD.	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, BRAD	
STREET ADDRESS	3505 JUAN ORTIZ CIRCLE	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCENTEE, SHARON	
STREET ADDRESS	605 JUAN ORTIZ CIRCLE	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARK, MARY C	
STREET ADDRESS	608 JUAN ORTIZ CIRCLE	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	BD	<input type="checkbox"/> Delete
NAME	SHEETS, RICHARD	
STREET ADDRESS	607 RIBAUT RD.	
CITY-ST-ZIP	FT. PIERCE FL 34749	
TITLE	BD	<input type="checkbox"/> Delete
NAME	JOHNSON, RUBIN	
STREET ADDRESS	3503 JUAN ORTIZ CIRCLE	
CITY-ST-ZIP	FT. PIERCE FL 34947	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Same	
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 REQUIRED

HECTOR ARIAS

561-461-2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4-17-00