

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759494

1. Entity Name

DARK HAMMOCK ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

603 RIBAUT RD.
FT. PIERCE FL 34947
US

Mailing Address

608 JUAN ORTIZ CIRCLE
FT. PIERCE FL 34947
US

2. Principal Place of Business

603 Ribaut Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAME

City & State

Zip

Country

Zip

Country

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

SAME

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

603 Ribaut Rd.

City

SAME

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	603 Ribaut Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 2/13/02 561-461-2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90024 037 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)