

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761408

1. Entity Name

RESTON HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
Feb 03, 2000 8:00 am  
Secretary of State

02-03-2000 90027 048 \*\*\*\*61.25

Principal Place of Business

RT. 3 BOX 4500 RESTON  
HAVANA FL 32333-9581  
US

Mailing Address

RT. 3 BOX 4500 RESTON  
HAVANA FL 32333-9581

2. Principal Place of Business

31 TIMBER RUN

Suite, Apt. #, etc.

3. Mailing Address

31 TIMBER RUN

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
HAVANA FL

Zip Country  
32333-9581 USA

City & State  
HAVANA FL

Zip Country  
32333-9581 USA

4. FEI Number  
59-3451942

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLER, D'ANN  
3932 SPRUCE LANE SOUTH  
HAVANA FL 32333

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 NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, WEYMAN 2112 BEAVER CREEK DR HAVANA FL 32333	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTER, PAMELA A 4061 STAGHORN TRAIL HAVANA FL 32333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELKINS, LEE ANN 3134 BEAVER CREEK DR HAVANA FL 32333	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARY L. CHAPIN 781 TIMBER RUN HAVANA, FL 32333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LONDON T. ROSS 824 TIMBER RUN HAVANA, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JUDY DAVIS 2112 BEAVER CREEK DRIVE HAVANA, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PAMELA A. PORTER 3216 BEAVER CREEK DRIVE HAVANA, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: PAMELA A. PORTER 1-11-00 850-539-5018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)