

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90001 027 ****61.25

0015378

DOCUMENT # 761408

1. Entity Name

RESTON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**31 TIMBER RUN
 HAVANA FL 32333-9581
 US**

Mailing Address

**31 TIMBER RUN
 HAVANA FL 32333-9581
 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

59-3451942

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 **DAVID TAYLOR**
 Street Address (P.O. Box Number is Not Acceptable)
**1570 TIMBER RUN
 HAVANA, FL.**
 City **FL** Zip Code **32333**

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** ☐ Delete
 NAME **CHAPIN, MARY L**
 STREET ADDRESS **781 TIMBER RUN**
 CITY-ST-ZIP **HAVANA FL 32333**

TITLE **TD** ☒ Delete
 NAME **PORTER, PAMELA A**
 STREET ADDRESS **4061 STAGHORN TRAIL**
 CITY-ST-ZIP **HAVANA FL 32333**

TITLE **TD** ☒ Delete
 NAME **PORTER, PAMELA A**
 STREET ADDRESS **3216 BEAVER CREEK DRIVE**
 CITY-ST-ZIP **HAVANA FL 32333**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
 NAME **DAVID TAYLOR**
 STREET ADDRESS **1570 TIMBER RUN**
 CITY-ST-ZIP **HAVANA, FL. 32333**

TITLE ☒ Change ☒ Addition
 NAME **CHRIS CUSTER**
 STREET ADDRESS **41 TIMBER RUN**
 CITY-ST-ZIP **HAVANA, FL. 32333**

TITLE ☐ Change ☒ Addition
 NAME **ANDREW LINDSTROM**
 STREET ADDRESS **131 TIMBER RUN**
 CITY-ST-ZIP **HAVANA, FL. 32333**

TITLE ☐ Change ☐ Addition
 NAME **MARY L. CHAPIN**
 STREET ADDRESS **781 TIMBER RUN**
 CITY-ST-ZIP **HAVANA, FL. 32333**

TITLE ☐ Change ☐ Addition
 NAME **JERRY RAYMOND**
 STREET ADDRESS **1589 TIMBER RUN**
 CITY-ST-ZIP **HAVANA, FL. 32333**

TITLE ☐ Change ☐ Addition
 NAME
 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

Date

Daytime Phone #

4/4/2001 8605391902

CR2E037 (10/00)