

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-28-2002 90015 028 ****61.25

DOCUMENT # 761408

1. Entity Name

RESTON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

31 TIMBER RUN
 HAVANA FL 32333-9581
 US

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

7. Name and Address of New Registered Agent

TAYLOR, DAVID
 1570 TIMBER RUN
 HAVANA FL 32-3333

Name ANDREW LINDSTROM

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

City HAVANA 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

David Taylor
 DAVID TAYLOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-28-02 11 MAR 2002

\$

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 CHAPIN, MARY L
 STREET ADDRESS 1570 TIMBER RUN
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE TD
 NAME CUSTER, CHRIS
 STREET ADDRESS 41 TIMBER RUN
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE TD
 NAME LINDSTROM, ANDREW
 STREET ADDRESS 131 TIMBER RUN
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE D
 NAME CHAPIN, MARY L
 STREET ADDRESS 781 TIMBER RUN
 CITY-ST-ZIP HAVANA FL 32333 ☒ Delete

TITLE D
 NAME RAYMOND, JERRY
 STREET ADDRESS 1589 TIMBER RUN
 CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE C Treasurer
 NAME Cox, Joan C.
 STREET ADDRESS 346 Timber Run
 CITY-ST-ZIP Havana FL 32333 ☐ Delete

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

TITLE
 NAME CUSTER, CHARLES
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)