

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90156 032 *****61.25

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

**LINSTROM, ANDREW
131 TIMBER RUN
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHAPIN, MARY L	
STREET ADDRESS	1570 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CUSTER, CHARLES	
STREET ADDRESS	41 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LINSTROM, ANDREW	
STREET ADDRESS	131 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAYMOND, JERRY	
STREET ADDRESS	1589 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	CT	<input type="checkbox"/> Delete
NAME	COX, JOAN C	
STREET ADDRESS	340 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINSTROM, Andy	
STREET ADDRESS	131 Timber Run	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larson, Larry	
STREET ADDRESS	1496 Timber Run	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Judy	
STREET ADDRESS	2112 Beaver Ck. Dr	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOAN COX** **3/13/03** **850-539-0302**

CR2E037 (10/02)