

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90341 031 ****61.25

DOCUMENT # 764590

1. Entity Name

FLORIDA PARK DRIVE WOODBRIAR TOWNHOUSE HOMEOWNER

Principal Place of Business

6 CHINOOK COURT
 P. O. BOX 351205
 PALM COAST FL 32135-8205

Mailing Address

PO BOX 351205
 PALM COAST FL 32135-8205
 US

2. Principal Place of Business

2 Office Park Drive

3. Mailing Address

PO Box 351205

Suite, Apt. #, etc.

Suite A2

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number

59-3033415

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

32135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TIGER OFFICE SERVICES, INC.
 2 OFFICE PARK DRIVE, SUITE A
 SUITE A17
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name
Morning Sun Realty

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

2 Office Park Drive, Suite A2

City

Palm Coast

FL

Zip Code
32137

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

Michael Malcom-Smith, Broker

3/1/2001

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 **PATTERSON, JUDITH G.**
 STREET ADDRESS **6 CHINOOK COURT**
 CITY-ST-ZIP **PALM COAST FL**

TITLE **D** ☒ Delete
 NAME **ZIMMERMANN, KATHY**
 STREET ADDRESS **17 FLORIDA PARK DRIVE**
 CITY-ST-ZIP **PALM COAST FL**

TITLE **D** ☐ Delete
 NAME **HECKATHORN, VIRGINIA**
 STREET ADDRESS **15 FLORIDA PARK DRIVE**
 CITY-ST-ZIP **PALM COAST FL**

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
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☒ Addition
 NAME **P/D**
 STREET ADDRESS **Sonia Gutierrez**
 CITY-ST-ZIP **15 Florida Park Drive, Unit A6
 Palm Coast, FL 32137**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Judith G. Patterson**
 CITY-ST-ZIP **6 Chinook Court
 Palm Coast, FL 32137**

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:

Sonia Gutierrez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sonia Gutierrez, President

(386) 446-1600

Date Daytime Phone #

CR2E037 (10/00)