

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764904

1. Entity Name

LYTLE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

629 N. DIXIE FREEWAY  
NEW SMYRNA BCH FL 32170

629 N. DIXIE FREEWAY  
NEW SMYRNA BCH FL 32168-6409

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

NOT APPLICABLE

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

GLOVER, MATTHEW F.  
407 LYTLE AVENUE  
APARTMENT E  
NEW SMYRNA BEACH FL 32168

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDTS  
NAME GLOVER, MATTHEW F.  
STREET ADDRESS 407 LYTLE AVENUE, APARTMENT E  
CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Delete

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

TITLE VD  
NAME GRAHAM, DAVID  
STREET ADDRESS 407 LYTLE AVENUE, APARTMENT H  
CITY-ST-ZIP NEW SMYRNA BEACH FL ☒ Delete

TITLE ~~EDWARD D~~  
NAME ~~EDWARD D~~  
STREET ADDRESS ~~407 LYTLE AVE APT E~~  
CITY-ST-ZIP ~~NEW SMYRNA BEACH FL~~ ☐ Change ☒ Addition

TITLE SD  
NAME GREEN, SHIRLEY  
STREET ADDRESS 46 FARIGREEN  
CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000  
Date

904-427-7240  
Daytime Phone #

CR2E037 (9/99)

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90123 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE