

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 03-22-2001 90055 026 \*\*\*\*61.25

**DOCUMENT # 764904**

1. Entity Name

**LYTLE TOWNHOMES ASSOCIATION, INC.**

Principal Place of Business

**629 N. DIXIE FREEWAY  
 NEW SMYRNA BCH FL 32170**

Mailing Address

**629 N. DIXIE FREEWAY  
 NEW SMYRNA BCH FL 32170**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

Name

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

City

**FL**

Zip Code

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

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	PDS	<input type="checkbox"/> Delete
NAME	GLOVER, MATTHEW F.	
STREET ADDRESS	407 LYTLE AVENUE, APARTMENT E	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUTCHET, EDWARD	
STREET ADDRESS	407 LYTLE AVENUE, APARTMENT H	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN, SHIRLEY	
STREET ADDRESS	46 FARIGREEN	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Edward Hupert	
STREET ADDRESS	407 Lytle Avenue, Unit F	
CITY-ST-ZIP	New Smyrna Beach, FL	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 the like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/18/01*

CR2E037 (10/00)