

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

FILED
May 08, 2003 8:00 am
Secretary of State

04-16-2003 90157 039 ****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**

55038898

2. Principal Place of Business
Lytle Townhomes, Inc.
Suite, Apt. #, etc. **# H**

3. Mailing Address
407 Lytle Ave
Suite, Apt. #, etc.

City & State
New Smyrna Beach

City & State
FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
32168

Country
Volusia

Zip
32168

Country
FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 **Robin Underwood**
Street Address (P.O. Box Number is Not Acceptable)
407 Lytle Avenue
Apartment H
City **New Smyrna Beach** **FL** Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robin Underwood**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/5/03
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 NAME STREET ADDRESS CITY-ST-ZIP	POTS GLOVER, MATTHEW F. 407 LYTLE AVENUE, APARTMENT E NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, SHIRLEY 46 FARIGREEN NEW SMYRNA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUPERT, EDWARD 407 LYTLE AVENUE, UNIT F NEW SMYRNA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UNDERWOOD, ROBIN 407 LYTLE AVE., APT. H NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POTS Underwood, Robin 407 Lytle Ave., Apt. H New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROBIN UNDERWOOD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 **423-7958**
Date Daytime Phone #

CR2E037 (10/02)