

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90014 040 \*\*\*61.25

**DOCUMENT # 769980**

1. Entity Name

**HOMEOWNERS ASSOCIATION, INC. NEW YORK AREA**

Principal Place of Business

22184 ONEIDA AVE.  
 22184 ONEIDA AVE  
 PORT CHARLOTTE FL 33952  
 US

Mailing Address

22184 ONEIDA AVE.  
 PT CHARLOTTE FL 33952  
 US

LUUJ7010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**33-6146053**

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

LINGUSKY, ROY D  
 22184 ONEIDA AVE  
 PT CHARLOTTE FL 33952

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 NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	LINGUSKY, ROY D 22184 ONEIDA AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE NAME	<b>V</b>	<input type="checkbox"/> Delete
STREET ADDRESS	HANK, WALTER 22188 NEW YORK AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE NAME	<b>S</b>	<input type="checkbox"/> Delete
STREET ADDRESS	PRIER, BOB 33473 GREAT NECK ST	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE NAME	<b>T</b>	<input type="checkbox"/> Delete
STREET ADDRESS	COVERT, JANET T 22197 NEW YORK AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	GRAVAGNA, RITA 22192 ONEIDA AVE.	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	THOMPSON, NEIL 22198 NEW YORK AVE.	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Roy D. Lingusky, President* 4/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)