

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92758

1. Entity Name

HASELTON VILLA HOME OWNERS, INC.

FILED

Mar 29, 2000 8:00 am  
Secretary of State

03-29-2000 90067 037 \*\*\*150.00

Principal Place of Business

16 TURQUOISE WAY  
EUSTIS FL 32726  
US

Mailing Address

16 TURQUOISE WAY  
EUSTIS FL 32726-6727  
US

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 59-2394056

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRY, WILLIAM M  
16 TURQUOISE WAY  
EUSTIS FL 32726

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TEAL, CHARLES ☒ Delete  
STREET ADDRESS 46 TURQUOISE WAY  
CITY-ST-ZIP EUSTIS FL 32726

TITLE P  
NAME JOYCE WATKIE ☐ Change ☒ Addition  
STREET ADDRESS 5 ROYAL DR  
CITY-ST-ZIP EUSTIS, FL 32726

TITLE VP  
NAME CAMP, DARLENE ☒ Delete  
STREET ADDRESS 42 LAVENDER LN  
CITY-ST-ZIP EUSTIS FL 32726

TITLE VP  
NAME KEN BOBZIN ☐ Change ☒ Addition  
STREET ADDRESS 4 CORAL ST  
CITY-ST-ZIP EUSTIS FL 32726

TITLE S  
NAME KNOPKA, SYLVIA ☐ Delete  
STREET ADDRESS 38 SCARLET WAY  
CITY-ST-ZIP EUSTIS FL 32726

TITLE S  
NAME SYLVIA KNOPKA ☐ Change ☐ Addition  
STREET ADDRESS 38 SCARLET WAY  
CITY-ST-ZIP EUSTIS FL 32726

TITLE T  
NAME PARRY, WILLIAM M ☐ Delete  
STREET ADDRESS 16 TURQUOISE WAY  
CITY-ST-ZIP EUSTIS FL 32726

TITLE T  
NAME WILLIAM M. PARRY ☐ Change ☐ Addition  
STREET ADDRESS 16 TURQUOISE WAY  
CITY-ST-ZIP EUSTIS FL 32726

TITLE D  
NAME ANDERSON, WILLIAM ☐ Delete  
STREET ADDRESS 67 LAVENDER LN  
CITY-ST-ZIP EUSTIS FL 32726

TITLE D  
NAME WILLIAM ANDERSON ☐ Change ☐ Addition  
STREET ADDRESS 67 LAVENDER LN  
CITY-ST-ZIP EUSTIS FL 32726

TITLE D  
NAME MARTIN, DON ☒ Delete  
STREET ADDRESS 26 SCARLET WAY  
CITY-ST-ZIP EUSTIS FL 32726

TITLE D  
NAME JUNE MINUTOLI ☐ Change ☒ Addition  
STREET ADDRESS 2 EMERALD CIRCLE  
CITY-ST-ZIP EUSTIS FL 32726

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William M Parry WILLIAM M PARRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

Date

(352) 483-0976

Daytime Phone #

CR2E034 (9/99)