

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90197 025 ***150.00

DOCUMENT # H93322

1. Entity Name
NEW HOME DEVELOPMENT, INC.



Principal Place of Business
**2028 PARK VILLAGE DRIVE
RUSKIN, FL 33570-5850 US**

Mailing Address
**2028 PARK VILLAGE DRIVE
RUSKIN, FL 33570-5850**

2. Principal Place of Business
402 Shell Point Rd East
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1057
Suite, Apt. #, etc.

City & State
Ruskin, FL
Zip
33570

City & State
Ruskin, FL
Zip
33575-1057



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2620595** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARK VILLAGE HOME OWNERS ASSOCIATION
2028 PARK VILLAGE DRIVE
RUSKIN, FL 33570-5850**

7. Name and Address of New Registered Agent

Name
Aaron R. Long, Jr.
Street Address (P.O. Box Number is Not Acceptable)
402 Shell Point Road East
City
Ruskin FL Zip Code
33570

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 *Aaron R. Long Jr.*

Aaron R. Long, Jr.

4/4/03

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
ANY MAY 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARON LEE NORTH 2028 PARK VILLAGE DRIVE RUSKIN, FL 335705850 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVID SMITH 2009 PARK VILLAGE DRIVE RUSKIN, FL 335705850 <input checked="" 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
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 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Aaron R. Long, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 402 Shell Point Road East Ruskin, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Cora E. Long <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 402 Shell Point Road East Ruskin, FL 33570
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	<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 607, 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: *Cora E. Long* Cora E. Long

4/4/03

813-645-1942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)