

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90289 038 ****61.25

DOCUMENT # N00000003352

1. Entity Name

HOMEOWNERS' ASSOCIATION OF SAN CARLOS ESTATES, I NC.

Principal Place of Business

Mailing Address

P.O. BOX 367531
BONITA SPRINGS FL 34136-7531

P.O. BOX 367531
BONITA SPRINGS FL 34136-7531

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

59-3652942

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

OLDLAND, JEANETTE
25210 LUCI DRIVE
BONITA SPRINGS FL 34135

Name

John L. Cowart

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

25231 Papillion Dr.

City

Bonita Springs

FL

Zip Code

34135

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 **John L. Cowart**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-29-02

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 **PD** ☒ Delete
NAME **OLDLAND, JEANETTE**
STREET ADDRESS **P.O. BOX 367531**
CITY-ST-ZIP **BONITA SPRINGS FL 34136-7531**

TITLE **P.D. John L. Cowart** ☒ Change ☐ Addition
NAME **P.O. Box 367531**
STREET ADDRESS **Bonita Springs, FL. 34136-7531**
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **KNAPP, PAUL**
STREET ADDRESS **P.O. BOX 367531**
CITY-ST-ZIP **BONITA SPRINGS FL 34136-7531**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Dotti Poston**
STREET ADDRESS **P.O. Box 367531**
CITY-ST-ZIP **Bonita Springs, FL. 34136-7531**

TITLE **SD** ☒ Delete
NAME **DAVEYS, BARBARA**
STREET ADDRESS **P.O. BOX 367531**
CITY-ST-ZIP **BONITA SPRINGS FL 34136-7531**

TITLE **2nd Vice President** ☒ Change ☐ Addition
NAME **Chris Kobur**
STREET ADDRESS **P.O. Box 367531**
CITY-ST-ZIP **Bonita Springs, FL. 34136-7531**

TITLE **TD** ☒ Delete
NAME **DAVIS, TOM**
STREET ADDRESS **P.O. BOX 367531**
CITY-ST-ZIP **BONITA SPRINGS FL 34136-7531**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Amber Kropus**
STREET ADDRESS **P.O. Box 367531**
CITY-ST-ZIP **Bonita Springs, FL. 34136-7531**

TITLE **D** ☒ Delete
NAME **STREET, BEVERLY**
STREET ADDRESS **P.O. BOX 367531**
CITY-ST-ZIP **BONITA SPRINGS FL 34136-7531**

TITLE **Sec. 1** ☒ Change ☐ Addition
NAME **Jennifer Cowart**
STREET ADDRESS **P.O. Box 367531**
CITY-ST-ZIP **Bonita Springs, FL. 34136-7531**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE: **Jennifer Cowart**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 332-6975 x118

4-29-02

CR2E037 (9/01)