

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91044 044 ****61.25

DOCUMENT # N00000003352

1. Entity Name

**HOMEOWNERS' ASSOCIATION OF SAN CARLOS ESTATES, I
NC.**



Principal Place of Business

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

Mailing Address

**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

**COWART, JOHN L
25231 PAPILLION DR.
BONITA SPRINGS FL 34135**

Name

DOTTI POSTON

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

25062 STILLWELL PARKWAY

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DOTTI POSTON, PRESIDENT** *[Signature]* **4/17/03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COWART, JOHN L	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS FL 34136-7531	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POSTON, DOTTI	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS FL 34136-7531	
TITLE	2V	<input checked="" type="checkbox"/> Delete
NAME	KOBOR, CHRIS	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS FL 34136-7531	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOBOR, AMBER	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS FL 34136-7531	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	COWART, JENNIFER	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS FL 34136-7531	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTTI POSTON	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS FL 34136	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY BRYAN	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS, FL 34136-7531	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANE ROUTLEDGE	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS, FL 34136-7531	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMBER KROPUS	
STREET ADDRESS	P.O. BOX 367531	
CITY-ST-ZIP	BONITA SPRINGS, FL 34136-7531	
TITLE	SDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(SAME AS IN 10)	
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 J. COWART, SECRETARY** *[Signature]* **4/17/03** (239)390-9945

CR2E037 (10/02)