

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90097 025 ****61.25

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DOCUMENT # N01000003973

1. Entity Name

**DEER PARK - PHASE 2-C HOMEOWNERS' ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**8431 ROYAL HART DR.
 NEW PORT RICHEY FL 34653**

**PO BOX 764
 NEW PORT RICHEY FL 34656-0764**

7 0 0 3 2 0



DO NOT WRITE IN THIS SPACE

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

59-3118989

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

**BALLARD, JAMES E
 8431 ROYAL HART DR.
 NEW PORT RICHEY FL 34653**

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.

P/T TORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**James E Ballard
 8431 Royal Hart Drive
 New Port Richey, FL.**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**S
 Jill D Ballard
 8431 Royal Hart Drive
 New Port Richey, FL.**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**VP
 Angie Clymer
 8430 Royal Hart Drive
 New Port Richey, FL.**

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 Joseph Maceda
 5227 Spike Horn Drive
 New Port Richey, FL.**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 Diane Remail
 8518 yearling Lane
 New Port Richey, FL.**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**Diane Remail
 8518 yearling Lane
 New Port Richey, FL.**

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ 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 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:

JAMES E BALLARD

1-8-02

727-372-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)