

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

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

06-09-2003 90117 023 ****61.25

DOCUMENT # N02000000395

1. Entity Name

ADASHAN GARDYNS HOA, INC.



Principal Place of Business

**P.O. BOX 1496
FORT WALTON BEACH FL 32549**

Mailing Address

**P.O. BOX 1496
FORT WALTON BEACH FL 32549**

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

80-0029436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRUEGER, KEVIN
89 MOORING LANE
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name

Kevin Krueger

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

6 Country Club Ct

City

Shalimar

FL

Zip Code

32579

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

Kevin Krueger PTD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/7/03

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

TITLE **PTD** ☐ Delete
NAME **KRUEGER, KEVIN**
STREET ADDRESS **89 MOORING LANE**
CITY-ST-ZIP **SHALIMAR FL 57949**

TITLE **VSD** ☐ Delete
NAME **HART, JERRY**
STREET ADDRESS **523 TAYLOR CIRCLE**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE **D** ☐ Delete
NAME **HART, PATRICIA K**
STREET ADDRESS **523 TAYLOR CIRCLE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Kevin Krueger Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/03

850-244-2100

Date

Daytime Phone #

CR2E037 (10/02)