

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90053 022 ****61.25

DOCUMENT # N04182

1. Entity Name

EVANS ACRES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15590 ANGUS RD
 POLK CITY FL 33868
 US

15590 ANGUS RD
 POLK CITY FL 33868
 US

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

59-2955342

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

VIGNATI, FRANCESCO
15590 ANGUS RD
POLK CITY FL 33868

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **V**
VIGNATI, SANTINA
 STREET ADDRESS **15590 ANGUS RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

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

TITLE ☐ Delete
 NAME **ST**
VIGNATI, FRANCESCO
 STREET ADDRESS **15590 ANGUS RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

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

TITLE ☐ Delete
 NAME **P**
SNYDER, CINDY
 STREET ADDRESS **15420 ANGUS RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

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

TITLE ☐ Delete
 NAME **D**
GILLETTE, NICK
 STREET ADDRESS **15345 BRAHMA RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

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

TITLE ☐ Delete
 NAME **D**
SNYDER, ROGER
 STREET ADDRESS **15420 ANGUS RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

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

TITLE ☒ Delete
 NAME **D**
SNYDER, ROBERT
 STREET ADDRESS **15335 BRAHMA RD**
 CITY-ST-ZIP **POLK CITY FL 33868**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francesco Vignati **4/16/01** **(863) 984-4312**

Date

Daytime Phone #

CR2E037 (10/00)