

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

FILED
May 24, 2002 8:00 am
Secretary of State

03-26-2002 90089 007 ****61.75

DOCUMENT # NO 471
1. Entity Name
212 S. Old Dixie Owners Assoc.,
19985 Oakwood Dr. Jupiter 33458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
212 S. Old Dixie Hwy.
Suite, Apt. #, etc.
City & State
Jupiter
Zip
33458 Country
Fla

3. Mailing Address
19985 Oakwood Dr
Suite, Apt. #, etc.
City & State
Jupiter
Zip
33458 Country
Fla

29230

80051195

DO NOT WRITE IN THIS SPACE

4. FEI Number
592764940 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Lady Shafer
Street Address (P.O. Box Number is not acceptable)
212 S. Old Dixie Hwy
City
Jupiter 33458
Zip Code
FL

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 Barbara Theis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Charles Flanagan</u> <u>300 Doney Penha Dr</u> <u>Jupiter 33458</u> <u>Pres. D.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Barbara Theis</u> <u>19985 Oakwood Dr</u> <u>Jupiter 33458</u> <u>Secy/Treasurer</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Charles Chen</u> <u>212 S. Old Dixie Hwy</u> <u>Jupiter 33458</u> <u>V.P./D.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)