

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04802

1. Entity Name

HOMEPLACE WEST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

PO BOX 210202
ROYAL PALM BEACH FL 33421
US

Mailing Address

P O BOX 210202
ROYAL PALM BEACH FL 33421
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2646503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEHE, MARK E
1205 GRANDVIEW CIRCL
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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

TITLE PD
NAME LEHE, MARK
STREET ADDRESS 1205 GRANDVIEW CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE VPD
NAME CARO, FRED M
STREET ADDRESS 1168 GRANDVIEW CIRCLE
CITY-ST-ZIP ROYAL PALM BCH FL 33411 ☐ Delete

TITLE STD
NAME FRAZIER, BARBARA
STREET ADDRESS 1172 GRANDVIEW CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90001 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

2/3/02

Daytime Phone #