

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90107 043 ****61.25

0001917

DOCUMENT # N07837

1. Entity Name

VILLAS ON MISNER'S BRANCH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**54 MISNER'S TRAIL
 ORMOND BCH FL 32174**

**54 MISNER'S TRAIL
 ORMOND BCH FL 32174**

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

59-2505195

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

**KIRBY, MARTHA C
 37 MISNERS TRAIL
 ORMOND BEACH FL 32174**

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 **VD** ☒ Delete
 NAME **ANTHONY, JEAN**
 STREET ADDRESS **43 MISNERS TR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VD** ☐ Change ☐ Addition
 NAME **JOHN MORRIS**
 STREET ADDRESS **22 MISNER TRAIL**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **PD** ☒ Delete
 NAME **SOMERS, LESLIE**
 STREET ADDRESS **24 MISNER TRAIL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **PD** ☐ Change ☐ Addition
 NAME **JEAN ANTHONY**
 STREET ADDRESS **43 MISNER'S TRAIL**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **SD** ☒ Delete
 NAME **SOMERS, RICHARD**
 STREET ADDRESS **24 MISNERS TRAIL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **SD** ☐ Change ☐ Addition
 NAME **JANET FERREIRA**
 STREET ADDRESS **33 MISNERS TRAIL**
 CITY-ST-ZIP **ORMOND BCH, FL 32174**

TITLE **TD** ☐ Delete
 NAME **KIRBY, MARTHA**
 STREET ADDRESS **37 MISNERS TRAIL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **ASD** ☒ Delete
 NAME **PEACOCK, JOSEPHINE**
 STREET ADDRESS **53 MISNERS TR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **ASD** ☐ Change ☐ Addition
 NAME **ERNEST WEINSTEIN**
 STREET ADDRESS **15 MISNER TRAIL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **MARTHA C. KIRBY (MARTHA C. KIRBY)** 1/28/02 386-673-2043
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)