

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08553

1. Entity Name

HUCKLEBERRY COMMUNITY ASSOCIATION, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90089 035 ****61.25

Principal Place of Business

Mailing Address

453 MARK TWAIN BLVD
ORLANDO FL 32828

453 MARK TWAIN BLVD
ORLANDO FL 32828-9985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2643089

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PENN FIRST MANAGEMENT, INC.
453 MARK TWAIN BLVD.
ORLANDO FL 32828

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	VPD	☒ Delete
NAME	GONZALEZ, MARIA T	
STREET ADDRESS	14237 LAKE UNDERHILL RD.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	PD	☒ Delete
NAME	SMITH, RALPH SR	
STREET ADDRESS	14237 LAKE UNDERHILL RD.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	STD	☒ Delete
NAME	VELAZQUEZ, IVETTE	
STREET ADDRESS	14237 LAKE UNDERHILL RD.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT-DIRECTOR	☒ Change ☐ Addition
NAME	LUCILLE HIGGINS	
STREET ADDRESS	703 RIOMAR AVENUE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	V.P.-DIRECTOR	☒ Change ☐ Addition
NAME	ANTHONY SOBIECH	
STREET ADDRESS	642 WATERSHORE WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SEC-DIRECTOR	☒ Change ☐ Addition
NAME	HELENE POULIN	
STREET ADDRESS	808 FERRY LANDING LANE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

HELENE POULIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

409 282-9988

Daytime Phone #

CR2E037 (9/99)