

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90183 049 ****61.25

DOCUMENT # N15045

1. Entity Name

SNL LOT 36 HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4015-4017 PONCE DE LEON BLVD.
SEBRING FL 33872

3107 MONZA DR.
SEBRING FL 33872
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

59-2836286

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

ELMORE, B.
3107 MONZA DRIVE
SEBRING FL 33872

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 PD ☐ Delete
NAME NEWBOLD, NELSON J
STREET ADDRESS 1596 NW 10 CIRCLE ST 4 SAN REMO CIRCLE
CITY-ST-ZIP GAINESVILLE FL INVERNESS FL

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 574 SAN REMO DR.
CITY-ST-ZIP INVERNESS FL 34450

TITLE VPD ☐ Delete
NAME RAHN, WARREN
STREET ADDRESS 10 CRESCENT CT
CITY-ST-ZIP LINDSAY, ONTARIO K9V3Y-9

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

TITLE STD ☐ Delete
NAME HERNNON, DORIS
STREET ADDRESS 1931 MORRIS ST.
CITY-ST-ZIP NEW CASTLE PA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

4/16/01

(352) 344-0632

CR2E037 (10/00)