

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15315

1. Entity Name

LOT 4, PONCE DE LEON VILLAS HOMEOWNERS' ASSOCIAT

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90076 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

MAY MANAGEMENT SERVICES  
P.O. BOX 1509  
ST. AUGUSTINE FL 32085  
US

MAY MANAGEMENT SERVICES  
P.O. BOX 1509  
ST. AUGUSTINE FL 32085-1509  
US

A0018280



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 **59-2744133**

Applied For

Not Applied

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

MAY MANAGEMENT SERVICES  
4320 AIA SOUTH  
ST. AUGUSTINE FL 32084

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HERKEL, JAMES** ☐ Delete  
**9-A FOUNTAIN OF YOUTH BD**  
**ST.AUGUSTINE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LEWIS, LINDSEY W.** ☒ Delete  
**8 WILLOW DR**  
**ST-AUGUSTINE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WILLIAR, MARC** ☐ Delete  
**9C FOUNTAIN OF YOUTH BLVD**  
**ST.AUGUSTINE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SHEAD, GEORGE** ☐ Delete  
**9D FOUNTAIN OF YOUTH BD**  
**ST.AUGUSTINE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Robert Lindsey clomarge komar** ☒ Change ☒  
**9B Fountain of Youth Blvd**  
**St. Augustine, FL 32084**

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

TITLE  
NAME  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐

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

SIGNATURE: *[Signature]* **DATE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-00