

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16879

1. Entity Name

LE MARIAS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90004 013 ****61.25

Principal Place of Business

P.O. BOX 3352
TALLAHASSEE FL 32315
US

Mailing Address

P.O. BOX 3352
TALLAHASSEE FL 32315
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6201905

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

BASS, NANCY
3405 CHEROKEE RIDGE TRAIL
TALLAHASSEE FL 32301

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	PD BASS, NANCY 3405 CHEROKEE RIDGE TR. TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLEY, SUSAN 2314 HAMPSHIRE WAY TALLAHASSEE FL 32308	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSH, KELLY 1812-L WEST THARPE ST. TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JASON P.O. BOX 14894 N/A TALLAHASSEE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, TAMESIA 1812-C W. THARPE ST. TALLAHASSEE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYER, KATHLEEN 2620 BEDFORD WAY TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, JAMIE 1836-B W. THARPE ST. TALLAHASSEE, FL 32303	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANOWSKI, HENRY 4129 HENIARD DR. TALLAHASSEE, FL 32303	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINE, NANCY P.O. BOX 345 CALVARY, GA 31729	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS 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: Kathleen Boyer WRECK Kathleen Boyer 3/14/01 (850) 216-2604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)