

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 10, 2001 8:00 am
Secretary of State

03-26-2001 90049 033 ****61.25

DOCUMENT # N17878

1. Entity Name
E.D.U.I. VILLAS ASSOCIATION, INC.

Principal Place of Business 6422 MATANZAS DR SEBRING FL 33872-2383 US	Mailing Address 6422 MATANZAS DR SEBRING FL 33872-2383 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2891044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FITZPATRICK, H.T.
 6420 MATANZAS DR
 SEBRING FL 33872**

7. Name and Address of New Registered Agent
 Name **HT FITZPATRICK**
 Street Address (P.O. Box Number is Not Acceptable) **6420 MATANZAS DR.**
 City **SEBRING** FL Zip Code **33872**

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 *H.T. Fitzpatrick* (VSTD) **HT FITZPATRICK** DATE **2-25-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FITZPATRICK, H.T. 6420 MATANZAS DR SEBRING FL 33872 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYKES, MIKE 6428 MATANZAS DR SEBRING FL 33872 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISSELL, JIM 6408 MATANZAS DR SEBRING FL 33872 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HT FITZPATRICK 6420 MATANZAS DR SEBRING FL 33872 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. DAVE SWANTEK 6416 MATANZAS DR SEBRING FL. 33872 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LYLE WHITON 6400 MATANZAS DR SEBRING FL. 33872 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *H.T. Fitzpatrick* (VSTD) **HT FITZPATRICK** DATE **2-25-01** DAYTIME PHONE # **863-471-3807**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)