

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20610

1. Entity Name

HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90029 041 ****61.25

Principal Place of Business

2250 PLAINFIELD AVE.
ORANGE PARK FL 32073
US

Mailing Address

2250 PLAINFIELD AVE.
ORANGE PARK FL 32073-5454
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 **59-2903385**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

POWELL, ROSEMARIE
2250 PLAINFIELD AVE.
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JAMES, DENNIS | |
| STREET ADDRESS | 210 ST. JOHNS AVE. | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUSSELL, BEVERLY | |
| STREET ADDRESS | 202 ST. JOHNS AVE. | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | POWELL, ROSEMARIE | |
| STREET ADDRESS | 214 ST. JOHNS AVE. | |
| CITY-ST-ZIP | GREEN COVE SPGS. FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GRANT, ALFORD | |
| STREET ADDRESS | 212 ST JOHNS AVE | |
| CITY-ST-ZIP | GREEN COVE SPGS. FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FISHER, GUY | |
| STREET ADDRESS | 208 ST JOHNS ST | |
| CITY-ST-ZIP | GREEN COVE SPGS. FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | ALFORD, CATHERINE | |
| STREET ADDRESS | 204 ST. JOHNS AVE. | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Powell, Franklin |
| STREET ADDRESS | 2250 Plainfield Ave |
| CITY-ST-ZIP | Orange Park FL 32073 |

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: ROSEMARIE POWELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-12-00 Daytime Phone #: 904-264-6030