

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90009 043 ****61.25

DOCUMENT # N20610

1. Entity Name

HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2250 PLAINFIELD AVE.
 ORANGE PARK FL 32073
 US**

**2250 PLAINFIELD AVE.
 ORANGE PARK FL 32073
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, ROSEMARIE
 2250 PLAINFIELD AVE.
 ORANGE PARK FL 32073**

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	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 type="checkbox"/> Delete
NAME	POWELL, FRANKLIN	
STREET ADDRESS	2250 PLAINFIELD AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	

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	
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STREET ADDRESS	
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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	

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 of Rosemarie Powell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-9-01 Daytime Phone #: 904-264-6050

CR2E037 (10/00)