

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90064 017 \*\*\*\*61.25

**DOCUMENT # N20717**

1. Entity Name

**LOT 13, BLOCK 278, UNIT 13 HOMEOWNERS' ASSOCIATI**

Principal Place of Business

Mailing Address

**5607 GRANADA BLVD.  
 SEBRING FL 33872**

**5607 GRANADA BLVD.  
 SEBRING FL 33872**

2. Principal Place of Business

3. Mailing Address

**5607 GRANADA BLVD**

**5607 GRANADA BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SEBRING FL**

City & State

**SEBRING FL**

4. FEI Number

**59-2881396**

Applied For

Not Applicable

Zip

**33872**

Country

**U.S.A.**

Zip

**33872**

Country

**U.S.A.**

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

**MACARTY, MICHAEL  
 5607 GRANADA BLVD.  
 SEBRING FL 33872**

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

*Michael McCarty*

**MICHAEL McCARTY**

**3-16-01**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **MCCARTY, MICHAEL**  
 CITY-ST-ZIP **5607 GRANADA BLVD.  
 SEBRING FL**

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

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **DONLIVE, CAROLYN**  
 CITY-ST-ZIP **5603 GRANADA BLVD.  
 SEBRING FL 33872**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **ROBERTS, RUTH**  
 CITY-ST-ZIP **5605 GRANADA BLVD.  
 SEBRING FL 33872**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael McCarty*  
**MICHAEL McCARTY**

**3-16-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)