

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90119 001 ****61.25

DOCUMENT # N20717

1. Entity Name

**LOT 13, BLOCK 278, UNIT 13 HOMEOWNERS' ASSOCIATI
 ON, INC.**

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

City & State

SEBRING FL

SEBRING FL

Zip

Country

Zip

Country

33872

HIGHLANDS

33872

HIGHLANDS

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

MICHAEL McCARTY

Street Address (P.O. Box Number is Not Acceptable)

5607 GRANADA BLVD

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

Michael McCarty

MICHAEL McCARTY

2-11-02

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
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 **REQUIRED MICHAEL McCARTY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-11-02**

Daytime Phone #

CR2E037 (9/01)