

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90002 023 ****61.25

DOCUMENT # **N20717**

1. Entity Name **LOT 13 BLOCK 278 UNIT 13**

**5607 GRANADA BLVD
SEBRING FL 33872
HOMEOWNERS ASSN INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5607 GRANADA BLVD

3. Mailing Address

5607 GRANADA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

SEBRING FL

Zip

33872

Country

HIGHLANDS

Zip

33872

Country

HIGHLANDS

4. FEI Number

59-288 1396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL MCCARTY

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

5607 GRANADA BLVD

City

SEBRING

FL

Zip Code

33872

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **MICHAEL MCCARTY**
STREET ADDRESS **5607 GRANADA BLVD**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **SECRETARY**
NAME **SAME AS ABOVE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER**
NAME **SAME AS ABOVE**
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MICHAEL MCCARTY**

7-9-04 (863) 471-0106

CR2E037B (12/02)