

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90041 021 ****61.25

DOCUMENT # N23679
Entity Name
OT 95, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATI

Principal Place of Business
MATANZAS DR.
FL 33872
Mailing Address
P.O. BOX 336
KENNEBUNK ME 04043-0336
US

Principal Place of Business
5930 Matanzas Dr.
Suite, Apt. #, etc.
3. Mailing Address
P.O. Box # 336
Suite, Apt. #, etc.

City & State
Sebring, FL
City & State
Kennebunk, Maine
Zip
33872
Country
USA
Zip
04043
Country
USA

6. Name and Address of Current Registered Agent
MORLOWE J. LEBORGE
5930 MATANZAS DR.
SEBRING FL 33872
Marlowe J. LeBorge

4. FEI Number
59-2881395
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 | PTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LE BARGE, MARLOWE J | | NAME | | |
| STREET ADDRESS | 5930 MATANZAS DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING FL | | CITY-ST-ZIP | | |
| TITLE | SDD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STAFFORD, MARILYN | | NAME | | |
| STREET ADDRESS | MATANZAS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING FL 33872 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOWERTOW, WILLIAM | | NAME | | |
| STREET ADDRESS | 5930 MATANZAS DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *Marlowe J. LeBorge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2-8-2000 941-385-8705
Date Daytime Phone #