

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90327 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N23679**

1. Entity Name

**LOT 95, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATI**

Principal Place of Business

**5930 MATANZAS DR.  
 SEBRING FL 33872  
 US**

Mailing Address

**P.O. BOX 336  
 KENNEBUNK ME 04043  
 US**

2. Principal Place of Business

**5930 Matanzas Dr**

3. Mailing Address

**P.O. Box # 336**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sebring FL**

City & State

**Kennebunk Maine**

Zip

**33872**

Country

**USA**

Zip

**04043**

Country

**USA**

4. FEI Number

**59-2881395**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MORLOWE J. LEBORGE  
 5930 MATANZAS DR.  
 SEBRING FL 33872**

*Marlowe J. LeBorge*

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |
| 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:

*Marlowe J. LeBorge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-23-01 863-385-8905**

Date

Daytime Phone #

CR2E037 (10/00)