

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90191 027 \*\*\*\*61.25

**DOCUMENT # N23679**

1. Entity Name  
**LOT 95, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATI  
ON, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**LEBARGE, MARLOWE J  
5930 MATANZAS DR.  
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. 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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SDD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George R. Morin	
STREET ADDRESS	6926 Matangos Drive	
CITY-ST-ZIP	Sebring, FL 33872	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Wemburg	
STREET ADDRESS	5934 Matangos Drive	
CITY-ST-ZIP	Sebring, FL 33872	
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: *William Wemburg* **WILLIAM WEMBURG** *Marlowe J. LeBarge* **MARLOWE J. LEBARGE** 3-26-03 1-863-385-8905

CR2E037 (10/02)