


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

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90057 001 ****61.25

DOCUMENT # N 23680	
1. Entity Name LOT 83, BLOCK 275, UNIT 13 HOMEOWNERS ASSOCIATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4101 SUNN LAKES BLVD Suite, Apt. #, etc.	3. Mailing Address 6432 MATANZAS DR. Suite, Apt. #, etc.
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20012697

DO NOT WRITE IN THIS SPACE

City & State SEBRING, FL.	City & State SEBRING, FL.	4. FEI Number 59-2900169	Applied For Not Applicable
Zip 33872	Country US	Zip 33872	Country US
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name HAROLD BOWLUS	
	Street Address (P.O. Box Number is Not Acceptable) 6432 MATANZAS DR.	
	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. 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HAROLD BOWLUS 6432 MATANZAS DR. SEBRING, FL. 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RICHARD A. STUTZMAN 6436 MATANZAS DR. SEBRING, FL. 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROSEMARY BOWLUS 6432 MATANZAS DR. SEBRING, FL. 33872	TITLE NAME 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: **HAROLD BOWLUS** *Harold B. Bowlus* 2/15/05 863-382-3849

CR2E037B (12/02)