

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25507

1. Entity Name

FIDDLER'S MARSH (AT L'ATRIUM) HOMEOWNERS ASSOCIA

Principal Place of Business

200 EXECUTIVE WAY
STE 111
PONTE VEDRA FL 32082
US

Mailing Address

PO BOX 2055
PONTE VEDRA FL 32004-2055
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 59-2902803

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

EWING, JOHN T
200 EXECUTIVE WAY
STE 111
PONTE VEDRA FL 32082

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GAMBRILL, KERRY
STREET ADDRESS 125 COLOMBARD CT
CITY-ST-ZIP PONTE BEDRA F 32082

TITLE D ☐ Change ☒ Addition
NAME Fred Gilling
STREET ADDRESS 3017 La Reserve Dr.
CITY-ST-ZIP Ponte Vedra, FL 32082

TITLE D ☐ Delete
NAME ALBERTI, JOHN
STREET ADDRESS 3013 LA RESERVE DR
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME HIRSCHBERG, JEFF
STREET ADDRESS 320 CHARLAMOAGNE COURT
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME COLLINS, KERRY
STREET ADDRESS 241 CHARLEMAGNE CIR
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE D ☐ Change ☒ Addition
NAME Virgil Fiveash
STREET ADDRESS 135 Alsace Ct.
CITY-ST-ZIP Ponte Vedra, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90104 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)