

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-22-2001 90122 048 ****70.00

DOCUMENT # N26191

1. Entity Name

LOT 11, BLOCK 278, UNIT 13, HOMEOWNERS' ASSOCIAT

Principal Place of Business

5629 GRANADA BLVD.
SEBRING FL 33872

Mailing Address

5629 GRANADA BLVD.
SEBRING FL 33872

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

59-2920853

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDMINISTER, MARY
5629 GRANADA BLVD.
SEBRING FL 33872

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 PD
NAME EDMINISTER, JACK
STREET ADDRESS 5629 GRANADA BLVD. **DECEASED**
CITY-ST-ZIP SEBRING FL ☒ Delete

TITLE VD
NAME CARSON, DON
STREET ADDRESS 5627 GRANADA BLVD.
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE STD
NAME EDMINISTER, MARY
STREET ADDRESS 5629 GRANADA BLVD.
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SMITH, CHARLES R. ☒ Change ☐ Addition
STREET ADDRESS 5625 GRANADA BLVD
CITY-ST-ZIP SEBRING, FL 33872

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

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

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

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

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

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: *MARY EDMINISTER* EDMINISTER, MARY 2-19-01 (863) 471-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEC/TREAS Date Daytime Phone #

CR2E037 (10/00)