

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NR6446**

1. Entity Name

**LOT 113, BLOCK 275, UNIT 13
HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**5586 MATANZAS DR.
SEBRING, FL 33872
USA**

2. Principal Place of Business

5586 MATANZAS DR.

3. Mailing Address

15460 KILMARNOCK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

Ft. MYERS, FL

Zip

33872

Country

USA

Zip

33912

Country

USA

4. FEI Number

59-2927235

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

7. Name and Address of New Registered Agent

**SALLY RIZZO
15460 KILMARNOCK DR.
Ft. MYERS, FL 33912**

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 **Sally Rizzo** **SALLY RIZZO**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

**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 NAME **PD DEMARKEY JOHN** ☒ Delete
STREET ADDRESS **5586 MATANZAS DR.**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE NAME **PD CORSO, MICHAEL** ☒ Change ☐ Addition
STREET ADDRESS **5586 MATANZAS DR.**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE NAME **VD RIZZO, SALLY** ☐ Delete
STREET ADDRESS **15460 KILMARNOCK DR.**
CITY-ST-ZIP **Ft. MYERS, FL 33912**

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

TITLE NAME **STD STONEBURNER, CONRAD** ☐ Delete
STREET ADDRESS **5586 MATANZAS DR.**
CITY-ST-ZIP **SEBRING, FL 33872**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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: **Sally Rizzo** **SALLY RIZZO**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

941-768-5470

Daytime Phone #

CR2E037 (9/99)