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

DOCUMENT # **N26446**

Entity Name

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



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90138 028 ****61.25

| Principal Plac | ce of Busines | 5 | Mailir | Mailing Address | | | | | | | | |
|----------------------------------|--|-------------------------------------|------------------------|---------------------------------|---------------------|--------------------------------|---|--|----------------|-------------------------------|--------------|----------------|
| 5586 MATANZAS DR | | | 5586 MATANZAS DR | | | | | | | | | |
| SEBRING FL 33872 US | | | SEBRING FL 33872 US | | | | | | | | | |
| 03 | | | U.S | | | | | HAR BOSKI BYBU BRBUR BKUL I | KING BUNDANG K | | H AHAH HABI | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State | | | City & State | | | | 4. FEI Number 59-2927235 | | | Applied For Not Applicable | | |
| Zip Country | | | Zi | Zip | | у | 5. Certificate of St | 5. Certificate of Status Desired | | | litional | l |
| 6. Name and Address of Current F | | | | ed Agent | | | 7. Name and Address of New Registered Agent | | | | | 1 |
| | | | | | | Vame | | | | | |] |
| METTLING, GILBERT A | | | | Stree | | | Address (P.O. Box Number is Not Acceptable) | | | | | |
| 5586 MATANZA | | | | | | | | | | | | |
| SEBRING FL 33870 | | | | | | | | | | | | |
| | | | | | | City | · <u>····</u> | | FL Z | ip Cod | e | 1 |
| 8 The above | named ontitu | y submits this statement fo | r the nur | noce of changing ite | registered | office or regis | tered agent or both in | the State of Elevida | | r with | and accept | - |
| | tions of regist | | ii iiie puit | Jose or changing its | iegistereu ' | onice or regis | stered agent, or bour, in | tile state of Florida. | . I am i amina | II VVIEIT, | and accept | |
| | | | | | | | | | | | | |
| SIGNATURE . | | | | | | | <u>.</u> | | · | | | |
| | Signature, typed | or printed name of registered agent | and title if ap | plicable. (NOTE | : Registered Ag | ent signature requ | ired when reinstating) | | DATE | | | |
| | | | | | | | | | | | | |
| FILE NOW: FEE IS \$61.25 | | | İ | 9. Election Cam Trust Fund C | | | \$5.00 May Be | \$5.00 May Be Added to Fees Make Check Payab | | | | |
| | | | | l last runa o | oninipation. | | Added to rees | Fiorida L | eparimen | it or s | otate | |
| 10. | OFFICERS AND DIRECTORS | | | 11. | | ADDITIONS/CHANG | ES TO OFFICERS A | ND DIRECTO | ORS IN | 10 | 1 | |
| TITLE | PD | | ☐ Delete TITLE | | | | | C | hange | Addition | ବ୍ୟ | |
| NAME | CORSO, MICHAEL | | | | NAME | | | | | | 5 | |
| STREET ADDRESS | | | | | STREET A | | | | | | | 37 |
| CITY-ST-ZIP | SEBRING FL 33872 | | | | | ZIP | | | | | | CR2E037 (10/02 |
| TITLE | STD STONERLIBNED COMPAR | | | ☐ Delete | | | | | □ c | hange | ☐ Addition | 5 |
| NAME STREET ADDRESS | STONEBURNER, CONRAD 5588 MATANZAS DR | | | | NAME STREET ADDR | | | | | | | 1 |
| CITY-ST-ZIP SEBRING FL 33872 | | | | | CITY-ST- | 1 | | | | | | { |
| TITLE | PD SEBRING FE 33672 | | | ☐ Delete | TITLE | | | | | hange | Addition | 1 |
| NAME | METTLING, G.A | | | = NAME | | and the second of | | · · | _ | | | |
| STREET ADDRESS | 5586 MATANZA | | STREET A | | - | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST- | ZIP | | | | | |] | | |
| TITLE | - | | Delete | TITLE | | | | □ c | hange | ☐ Addition | | |
| NAME | | | | NAME | | | | | | ř | | |
| STREET ADDRESS CITY-ST-ZIP | · | | | STREET ADDRESS CITY-ST-ZIP | | | | | | | ĺ | |
| | | | | <u> </u> | | 211 | - | | | L | ☐ A 4400 a a | ł |
| TITLE NAME | | | | Delete | TITLE NAME | | | | □ c | nange | ☐ Addition | |
| STREET ADDRESS | | | | | DDRESS | | | | | | | |
| CITY-ST-ZIP | | - | Į. | | CITY-ST- | | | | | | i | |
| TITLE | | | | ☐ Delete | | | | | | hange | Addition | |
| NAME | | | | | NAME | Ì | | | | - | | |
| STREET ADDRESS | | | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | 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:

1-17-03