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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90524 026 ****70.00

DOCUMENT # N26505

1. Entity Name
FLETCHER'S POINT HOMEOWNERS' ASSOCIATION, INC.

11018175

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
16105 N FLORIDA SUITE A LUTZ FL 33549 US	16105 N FLORIDA SUITE A LUTZ FL 33549 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 59-2913297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C
16105 N FLORIDA
SUITE A
LUTZ FL 33549

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. 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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARNEY, DELANA 2136 FLETCHERS POINT CIRCLE TAMPA FL 33613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARBARA TWIBLE 2233 FLETCHERS POINT TAMPA FL 33613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOHNSON, LINDA 2253 FLETCHERS POINT TAMPA FL 33613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCLUSKEY, DANA 2235 FLETCHERS POINT TAMPA FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, BONNIE 16108 BELLE MEADE BLVD ODESSA FL 33556	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SUSAN SHULINS 2210 FLETCHERS POINT TAMPA FL 33613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOYD, MARYBETH 2281 FLETCHERS POINT TAMPA FL 33-613X	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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] Mrs. BARBARA TWIBLE 4/24/03