

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

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 91805 002 ****61.25

DOCUMENT # N27998

1. Entity Name

DURR'S HOMEOWNER ASSOCIATION INC.



Principal Place of Business

1801 EAST COLONIAL DRIVE
SUITE 107
ORLANDO FL 32803

Mailing Address

1801 EAST COLONIAL DRIVE
SUITE 107
ORLANDO FL 32803

55046694

2. Principal Place of Business

713 NW 19th Ave
Suite, Apt. #, etc.

3. Mailing Address

713 NW 19th Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale, FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, GALE
1801 EAST COLONIAL DRIVE
SUITE 107
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name **Martin, Gale**
Street Address (P.O. Box Number is Not Acceptable)
713 NW 19th Ave
City **Ft. Lauderdale** FL Zip Code **33311**

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

TITLE **VPO** ☐ Delete
NAME **DYKES, ESSIE**
STREET ADDRESS **812 NW 19TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **P** ☐ Delete
NAME **HINTON, EARL WALTER**
STREET ADDRESS **713 NW 19TH AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **SD** ☐ Delete
NAME **ESSIE, THOMAS**
STREET ADDRESS **1721 N.W. 7TH PL**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DS** ☐ Delete
NAME **WATTS, TERRI**
STREET ADDRESS **729 NW 19TH TERR**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)