

2000 UNIFORM BUSINESS REPORT (UBR)

0006681

DOCUMENT # N30245

1. Entity Name

DIXIE FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

RT 4 BOX 2478
HAVANA FL 32333

Mailing Address

RT 4 BOX 2478
HAVANA FL 32333-9613

FILED

00 APR 14 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 Ames Barineau Rd

3. Mailing Address

10 Ames Barineau Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana FL

City & State

Havana FL

4. FEI Number

59-3022255

Applied For

Not Applicable

Zip

Country

32333 USA

Zip

Country

32333 U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBORAH LEVANS
RT 4 BOX 2470
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name Timothy Mentry
Street Address RT 4 Box 2470 Ames Barineau Rd
City Havana FL 32333

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

Timothy Mentry

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	DP	<input checked="" type="checkbox"/> Delete
NAME	KYLLONEN, JR TAONO	
STREET ADDRESS	4012 CHIPOLA STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ICE, DIANNE	
STREET ADDRESS	RT 4 BOX 2474	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EVANS, DEBORAH	
STREET ADDRESS	RT 4 BOX 2470	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Mentry	
STREET ADDRESS	797 Ames Barineau Rd	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	D Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bon Epperson	
STREET ADDRESS	590 Ames Barineau Rd	
CITY-ST-ZIP	Havana FL 32333	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Ice	
STREET ADDRESS	333 Garland Rd	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	D Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King D. Neal	
STREET ADDRESS	1043 Ames Barineau Rd	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	Member At Large	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Hubbs	
STREET ADDRESS	155 Garland Rd	
CITY-ST-ZIP	Havana, FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, which certifies 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 an officer, receiver or trustee empowered.

SIGNATURE:

Timothy Mentry

Date

Daytime Phone #

4-12-2000 850-539-8317

CR2E037 (9/99)