

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90086 020 ****61.25

DOCUMENT # N31542

1. Entity Name

HIGH RIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**PO BOX 1842
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address

**PO BOX 1842
KEYSTONE HEIGHTS FL 32656
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, LLOYD A.
R.R. 335 S.E. LAKEVIEW
KEYSTONE HEIGHTS FL 32656**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	DAVISON, COLLEEN		
6319 BAYL DR AVE			
KEYSTONE HEIGHTS FL 32656			
TD	TOOMBS, DARLENE		
6320 TULANE AVE			
KEYSTONE HEIGHTS FL			
SD	SIMPSON, PAT		
6414 BUCKNELL AVE			
KEYSTONE HEIGHTS FL 32656			
SD	FRY, DOT		
7243 CITADEL ST			
KEYSTONE HEIGHTS FL 32656			

CARL TOOMBS ☒ Change ☐ Addition
6320 TULANE AVE
KEYSTONE HTS FL 32656

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: **COLLEEN DAVISON** *Colleen Davison* **1/13/02**

352
473-2842