## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 05, 2002 8:00 am Secretary of State **DOCUMENT # N31946** 1. Entity Name THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE HO 02-05-2002 90034 018 \*\*\*\*61.25 MEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 4062 GARDEN VILLAS COURT 4062 GARDEN VILLAS COURT FORT PIERCE FL 34982 FORT PIERCE FL 34982 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0191725 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LENNON, JAMES 4062 GARDEN VILLAS CT. FORT PIERCE FL 34982 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 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE CLUM, MARIE NAME NAME 4059 GARDEN VILLAS CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Change DT TITLE ☐ Addition Detete TITLE LENNON, JAMES NAME NAME 4062 GARDEN VILLAS CT. STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982° CITY-ST-ZIP CITY-ST-ZIP DVP Change ☐ Addition TITLÉ ☐ Delete TITLE RENALDY, CARMEN NAME NAME STREET ADDRESS 4069 GARDEN VILLAS CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34982 DVP ☐ Change ☐ Addition TITI F Delete TITLE RUSSELL, WILLIAM NAME NAME . g 45,44 4064 GATOR TRACE RD STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [7] Change ☐ Delete TITLE TITLE SPANSELLER, BILL NAME NAME 4067 GARDEN VILLAS CT. STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition TITLE ☐ Delete TITLE NAME NAMÉ 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 of the corporation or the receichanged, or on an attachme an address, with all other like empowered.

SIGNATURE:

SHATURE REQUIRED SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR