

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90226 005 ****61.25

DOCUMENT # N31946

1. Entity Name

**THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE HO
MEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

**4062 GARDEN VILLAS COURT
FORT PIERCE FL 34982
US**

Mailing Address

**4062 GARDEN VILLAS COURT
FORT PIERCE FL 34982
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 **65-0191725**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LENNON, JAMES
4062 GARDEN VILLAS CT.
FORT PIERCE FL 34982**

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 JAMES LENNON, TREASURER

1/10/03

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	DS CLUM, MARIE 4059 GARDEN VILLAS CT. FORT PIERCE FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LENNON, JAMES 4062 GARDEN VILLAS CT. FORT PIERCE FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RENALDY, CARMEN 4069 GARDEN VILLAS CT. FORT PIERCE FL 34982	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPANSELLER, BILL 4067 GARDEN VILLAS CT. FORT PIERCE FL 34982	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles ALBERT 4078 Gator trace Rd FT Pierce, FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charley PAYNTAR 4003 Gator trace Rd FT Pierce, FL 34982	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles ALBERT 4078 Gator trace Rd FT Pierce, FL 34982	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charley PAYNTAR 4003 Gator trace Rd FT Pierce, FL 34982	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: JAMES LENNON, TREASURER 1/10/03 772-461-7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)