

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2001 8:00 am  
Secretary of State

02-12-2001 90241 022 \*\*\*\*61.25

DOCUMENT # N32226

1. Entity Name

DESOTO VILLAGE HOME OWNERS, INC.

Principal Place of Business

4810 HWY 72 NW  
LOT 302  
ARCADIA FL 33821  
US

Mailing Address

4810 HWY 72 NW  
LOT 171  
ARCADIA FL 34266  
US

2. Principal Place of Business

3. Mailing Address

4810 N.W. HWY 72

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT 302

City & State

City & State

ARCADIA, FL

Zip

Country

34266

USA

4. FEI Number

65-0133133

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMMER, JAM  
4810 HIGHWAY 72 NW  
LOT 171  
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

JAMES CAMPBELL

Street Address (P.O. Box Number is Not Acceptable)

4810 N.W. HWY 72 LOT 86

City

ARCADIA

FL

Zip Code

34266

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

James M. Campbell

FEB 10, 2001

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DAWNS, SHARON	
STREET ADDRESS	4810 HWY 72 LOT 116	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FORSYTHE, LEWIS	
STREET ADDRESS	4810 HWY 72 LOT 163	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SKILLMAN, PATRICIA	
STREET ADDRESS	4810 HWY 72 LOT 138	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HUMMER, JAN	
STREET ADDRESS	4810 HWY 72 LOT 171	
CITY-ST-ZIP	ARCADIA FL 34266	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLONE, PETER	
STREET ADDRESS	4810 N.W. HWY 72, LOT 109	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORSEIS, RICHARD	
STREET ADDRESS	4810 N.W. HWY 72, LOT 115	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUGHMAW, KAY	
STREET ADDRESS	4810 N.W. HWY 72, LOT 145	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JAMES	
STREET ADDRESS	4810 N.W. HWY 72, LOT 86	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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. 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 M. CAMPBELL  
SIGNATURE REQUIRED

FEB 10, 2001

863 491 7052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)