2002 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2002 8:00 am Secretary of State **DOCUMENT # N32226** 1. Entity Name DESOTO VILLAGE HOME OWNERS, INC. 05-05-2002 90055 001 ****61.25 Principal Place of Business Mailing Address 4810 HWY 72 NW 4810 NW HWY 72 **LOT 302** LOT 302 ARCADIA FL 33821 ARCADIA FL 34266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0133133 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEORGE WI HOTCHING CAMPBELL, JAMES Street Address (P.O. Box Number is Not Acceptable) 4810 HIGHWY 72 NW **LOT 86** ARCADIA FL 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. 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **⊠** Delete TITLE (9/01)PRESIDENT Change Addition **BILLONE. PETER** NAME NAME 4810 NW HWY 72 LOT 109 STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition VOREIS, RICHARD NAME 4810 NW 72 LOT 115 STREET ADDRESS STREET ADDRESS 10 NW HWY 72 COT 169 ARCADIA FL 34266 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Change Addition MUGHMAW: KAY NAME NAME 4810 NW HAY 72 LOT 217 4810 NW 72 LOT 145 STREET ADDRESS STREET ADDRESS arcadia FL 34266 CITY-ST-ZIP CITY-ST-ZIP TD TITLE **Z**Delete TITLE TREASURER ☐ Addition GEORGE IN HUTCHINS CAMPBELL, JAMES NAME NAME 4810 NW HWY 72 GOT 71 4810 NW 72 LOT 86 STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP CITY-ST-ZIP 34266 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P

WICHINS TREASUREN 4-18-02 863-491-8998 SIGNATURE:

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

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