

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33266

1. Entity Name

DOS RIOS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5352 MAYNARD STREET
4901 PALM BEACH BLVD. # 105
FORT MYERS FL 33905
US

C/O JANET MORANDO
POST OFFICE BOX 50790
FORT MYERS FL 33905
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MORANDO, JANET M.
5352 MAYNARD STREET
FORT MYERS FL 33905

4. FEI Number 65-0131901

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

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
After September 12, 2001, min. will be \$236.25

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
NAME HAMMERMEISTER, KARL
STREET ADDRESS 182 LOUISE STREET
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE SD
NAME HAMMERMEISTER, KARL
STREET ADDRESS 182 LOUISE STREET
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE TD
NAME MORANDO, JANET M.
STREET ADDRESS 5352 MAYNARD STREET
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Janet M. Morando* REQUIRED

9/10/01

941-694-1529

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90055 033 ****61.25

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DO NOT WRITE IN THIS SPACE

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