

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90049 039 ****61.25

DOCUMENT # N34097

1. Entity Name

AVON PARK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

%WILSON ELLIOTT
1860 AVON PARK ESTATES BLVD.
AVON PARK FL 33825

Mailing Address

%WILSON ELLIOTT
1860 AVON PARK ESTATES BLVD.
AVON PARK FL 33825

2. Principal Place of Business

1860 AVON EST BLVD

3. Mailing Address

Same

City & State

AVON PARK, FL

City & State

Zip

Country

33825

HIGHWAY

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, WILSON
1870 AVON PARK ESTATES BLVD.
AVON PARK FL 33825

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

WILSON ELLIOTT

Wilson Elliott

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	VD	<input checked="" type="checkbox"/> Delete
NAME	KURT, OLSEN	
STREET ADDRESS	1820 SAYERS ROAD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BLALOCK, LYNN	
STREET ADDRESS	1945 AVON EST BLVD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, WILSON	
STREET ADDRESS	1860 AVON ESTATES BLVD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOOK, JIM	
STREET ADDRESS	625 AVON PARK EAST BLVD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUILES, LUIS	
STREET ADDRESS	2532 BUTKUS ROAD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DEBRA B.	
STREET ADDRESS	1420 OLSEN RD.	
CITY-ST-ZIP	AVON PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change
NAME	WILSON ELLIOTT	
STREET ADDRESS	1860 AVON PARK ESTATES BLVD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VP	<input checked="" type="checkbox"/> Change
NAME	KURT OLSEN	
STREET ADDRESS	1820 SAYERS ROAD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	Sec. TREAS	<input checked="" type="checkbox"/> Change
NAME	LYNN BLALOCK	
STREET ADDRESS	1945 AVON EST BLVD	
CITY-ST-ZIP	AVON PARK, FL	
TITLE		<input type="checkbox"/> Change
NAME	JIM SHOOK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME	WALTER COLEY	
STREET ADDRESS	2416 HAMPTON RD.	
CITY-ST-ZIP	AVON PARK, FL	
TITLE		<input type="checkbox"/> Change
NAME	BILL GREEN	
STREET ADDRESS	2203 S. LARSON RD.	
CITY-ST-ZIP	AVON PARK FL	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #