

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90142 048 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT-APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Albert Harris

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

1310 S. Olsen Road

City

Avon Park

FL

Zip Code

33825

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **WILSON, ELLIOTT**
 STREET ADDRESS **1860 AVON PK EST BLVD**
 CITY-ST-ZIP **AVON PARK FL**

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

TITLE **ST** ☐ Delete
 NAME **VARCHMIN, STEV**
 STREET ADDRESS **2920 WEST REEVES ROAD**
 CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE **ST** ☒ Delete
 NAME **STONE, GINNY**
 STREET ADDRESS **1687 S ELLER ROAD**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☒ Change ☐ Addition
 NAME **Carole Klemmensen**
 STREET ADDRESS **1945 S. Avon Estate Blvd.**
 CITY-ST-ZIP **Avon Park, FL 33825**

TITLE **D** ☐ Delete
 NAME **HARRIS, ALBERT**
 STREET ADDRESS **1310 S OLSEN ROAD**
 CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE **D** ☐ Delete
 NAME **BROOKS, GUY**
 STREET ADDRESS **1687 S ELLER ROAD**
 CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE **D** ☐ Delete
 NAME **MARTIN, DONALD**
 STREET ADDRESS **3235 W LAMONICA ROAD**
 CITY-ST-ZIP **AVON PARK FL 33825**

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:

[Signature]

CR2E037 (4/02)