## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N34151** Feb 14, 2000 8:00 am 1. Entity Name **Secretary of State** COMMON-HIGHLANDS HOMEOWNERS ASSOCIATION, INC. 02-14-2000 90174 014 \*\*\*\*70.00 Principal Place of Business Mailing Address 1320 S.W. 10TH AVENUE 1320 S.W. 10TH AVENUE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-6209 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For NOT APPLICABLE Not Applicable - تا مين المحدد Country -----Country--\$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WESTLEY, ELDER HAROLD 1061 S.W. 8TH AVENUE DEERFIELD BEACH FL 33441 City 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 \$5.00 May Be **FILE NOW:** 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME HILL, BEULAH NAME STREET ADDRESS 1320 S.W. 10TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH. FL ☐ Addition TITLE Delete ☐ Change BUSSIE: TEDDY ---NAME NAME . STREET ADDRESS 1321 S.W. 6TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH. FL ☐ Addition TITLE ☐ Delete TITLE Change GOMBS, NEVILLE NAME NAME STREET ADDRESS 1331 S.W. 10TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DEERFIELD BCH. FL TITLE ☐ Delete TITLE ☐ Change Addition WESTLEY, ELDER HAROLD STREET ADDRESS 1061 S.W. 8TH AVE. STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH. FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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02 ha boon (954) 570-7238