

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90078 017 ****61.25

DOCUMENT # N34623

1. Entity Name

HAINESPORT PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

155 HAINESPORT
 LAKE ALFRED FL 33850
 US

155 HAINESPORT
 LAKE ALFRED FL 33850-2330
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3018370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYNDAL, RHONDA
135 HAINESPORT
LAKE ALFRED FL 33850

Name

H. Ted Sharp

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

170 Hainesport

City

Lake Alfred

FL

Zip Code
33850

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

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	T	<input checked="" type="checkbox"/> Delete
NAME	SCURREY, MILDRED	
STREET ADDRESS	155 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SPAGNOLA, SHONTEL R.	
STREET ADDRESS	100 HAINSPORT	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TYNDAL, RHONDA	
STREET ADDRESS	135 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TYNDAL, RHONDA	
STREET ADDRESS	135 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	D	<input type="checkbox"/> Delete
NAME	UMPENHOUR, KEN	
STREET ADDRESS	125 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMSON, JEAN	
STREET ADDRESS	180 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scurrey, Hil	
STREET ADDRESS	155 Hainesport	
CITY-ST-ZIP	Lake Alfred, FL 33850	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tyndal, Rhonda	
STREET ADDRESS	135 Hainesport	
CITY-ST-ZIP	Lake Alfred, FL 33850	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharp, H. Ted	
STREET ADDRESS	170 Hainesport	
CITY-ST-ZIP	Lake Alfred, FL 33850	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mildred Scurrey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CS 1 017 1999