

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Jun 02, 2002 8:00 am
Secretary of State

03-14-2002 90029 038 ****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
 US

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
59-3018370

Applied For
 Not Applicable

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

SHARP, TED H
 170 HAINESPORT
 LAKE ALFRED FL 33850

Name **HIL SCURREY**
 Street Address (P.O. Box Number is Not Acceptable)

155 HAINESPORT
 City **LAKE ALFRED** FL Zip **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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5-28-02**

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 type="checkbox"/> Delete
NAME	SCURREY, HIL	
STREET ADDRESS	155 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	TYNDAL, RHONDA	
STREET ADDRESS	135 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHARP, TED H	
STREET ADDRESS	135 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	TD	<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS TIPAER	
STREET ADDRESS	155 N RAMONA AVE	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON SWEATMAN	
STREET ADDRESS	125 N RAMONA AVE	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS HARRIS	
STREET ADDRESS	100 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL LYNCH	
STREET ADDRESS	145 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	

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]* **HIL SCURREY** 2-27-02 863-956-0596
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)