

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90154 003 \*\*\*\*61.25

2003/05/07

**DOCUMENT # N34623**

1. Entity Name  
**HAINESPORT PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**155 HAINESPORT  
LAKE ALFRED FL 33850  
US**

Mailing Address  
**155 HAINESPORT  
LAKE ALFRED FL 33850  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SCURREY, HIL  
155 HAINESPORT  
LAKE ALFRED FL 33850**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>SCURREY, HIL</b>
STREET ADDRESS	<b>155 HAINESPORT</b>
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	<b>VPD</b> <input type="checkbox"/> Delete
NAME	<b>TIPPER, DENNIS</b>
STREET ADDRESS	<b>155 N RAMONA AVE</b>
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SWEATMAN, LEON</b>
STREET ADDRESS	<b>125 N RAMONA AVE</b>
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>HARRIS, CHRIS</b>
STREET ADDRESS	<b>100 HAINESPORT</b>
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>UMPENHOUR, KEN</b>
STREET ADDRESS	<b>125 HAINESPORT</b>
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>LYNCH, BILL</b>
STREET ADDRESS	<b>145 HAINESPORT</b>
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input 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	
TITLE	<input 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	
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: *[Signature]* **5-1-03 863-956-0596**

CR2E037 (10/02)