2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N37749

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business

LANDOVER HILLS HOMEOWNERS ASSOCIATION, INC.

1335 LANDOVER PLACE 1335 LANDOVER PLACE TALLAHASSEE FL 32311-8498 TALLAHASSEE FL 32311 89017536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3017882 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required - - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HICKS, WAYNE B 1335 LANDOVER PLACE TALLAHASSEE FL 32311 Zip Code FL 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, DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be ு ந்து அ**FEE IS \$61.25** Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE HICKS, WAYNE B NAME NAME STREET ADDRESS 1335 LANDOVER PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 TD ☐ Change ☐ Addition ☐ Delete TITLE THOMAS, CYNTHIA NAME NAME STREET ADDRESS 11340 LANDOVER PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 SD ☐ Delete ☐ Change ☐ Addition TITL F TITLE HICKS, BELINDA B NAME NAME STREET ADDRESS 1335 LANDOVER PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 RIS CARTER PL. 32 LANdover PL. 11 Ahassee, FL 3231/ ☐ Addition Delete TITLE WOMBLE, TRACY NAME STREET ADDRESS STREET ADDRESS 1404 LANDOVER PLACE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or changed, or on an attachment of

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME STREET ADDRESS

☐ Delete

Change

Addition

FILED

Feb 16, 2000 8:00 am Secretary of State

02-16-2000 90126 015 ****61.25