

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90053 016 ****61.25

DOCUMENT # N37850

1. Entity Name

HUNTER'S GREEN HOMEOWNERS ASSOCIATION OF LA CITA

Principal Place of Business

Mailing Address

P. O. BOX 1101
TITUSVILLE FL 32781

P. O. BOX 1101
TITUSVILLE FL 32781

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

59-3002128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENUTI, LOUIS
131 B HARRISON ST
TITUSVILLE FL 32780

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.

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.

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\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	BOLLER, WALTER	782 FLORENCIA CIRCLE	TITUSVILLE FL 32780	PRESIDENT	HERMAN COLE	716 FLORENCIA CIRCLE	TITUSVILLE, FL 32780
STD	PAHMEIER, LAUREN	3630 MIRIAM DR.	TITUSVILLE FL 32796	VP	JUDY DONNELLY	784 FLORENCIA CIRCLE	TITUSVILLE, FL 32780
VPD	BUZZARD, STEVE	P.O. BOX 2393 N/A	TITUSVILLE FL 32781	SECY	CARL CIERLAK	794 FLORENCIA CIRCLE	TITUSVILLE FL 32780

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)