2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **DOCUMENT # N37850** Secretary of State 1. Entity Name HUNTER'S GREEN HOMEOWNERS ASSOCIATION OF LA CITA 02-11-2002 90193 049 ****61.25 Principal Place of Business Mailing Address P. O. BOX 1101 P. O. BOX 1101 TITUSVILLE FL 32781 TITUSVILLE FL 32781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3002128 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 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 LOUIS VENUTI Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, PRESIDENT / DIRECTOR MR HERMAN COLE 776 FLORENCIA CIRCLE (9/01) PD Delete TITLE ☐ Change **X**Addition TITLE **BOLLER, WALTER** NAME NAME STREET ADDRESS CR2E037 STREET ADDRESS 782 FLORENCIA CIRCLE TITUSVILLE, FL 3 2780 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 VICE PRESIDENT | DIRECTOR STD Change Addition TITLE Delete TITLE MRS JUDY DONNELLY PAHMEIER, LAUREN NAME NAME 784 FLORENCIA CIRCLE STREET ADDRESS STREET ADDRESS 3630 MIRIAM DR. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE, FL 34780 TITUSVILLE FL 32796 SECY TREAS DIRECTOR DR JOHN ANDREWS VPD. TITLE Change Addition TITLE **Delete** BUZZARD, STEVE NAME NAME 777 FLORENCIA CIRCLE STREET ADDRESS P.O. BOX 2393 N/A STREET ADDRESS TITUSVILLE, FL 32780 CITY-ST-ZIE CITY-ST-7IP TITUSVILLE FL 32781 ☐ Delete TITLE ☐ Change [Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 rebot or supplemental report is too 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 trusted empowered to effect the security of the corporation of the receiver or trusted empowered to effect the security of the securit

SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

SIGNATURE:

321-383-2519

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