

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38474

1. Entity Name

LIONS DEN HOMEOWNERS ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90133 036 ****61.25

Principal Place of Business

1202 LIONS DEN DR
GREEN COVE SPRINGS FL 32043
US

Mailing Address

1202 LIONS DEN DR
GREEN COVE SPRINGS FL 32043-4616
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUGHT, PAUL L
1202 LIONS DEN DR
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name **HAUGHT PAUL J**
Street Address (P.O. Box Number is Not Acceptable)
1202 LIONS DEN DRIVE
City **GREEN COVE SPRINGS FL** Zip Code **32043**

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BARNES, GARY**
STREET ADDRESS **1195 LIONS DEN DRIVE**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043**

TITLE **SVD** ☒ Delete
NAME **MAYER, BERNARD E**
STREET ADDRESS **1196 LIONS DEN DRIVE**
CITY-ST-ZIP **GREEN COVE SPRGS FL**

TITLE **TD** ☐ Delete
NAME **HAUGHT, PAUL**
STREET ADDRESS **1202 LIONS DEN DR**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **ROBIN CARTER**
STREET ADDRESS **5305 LIONS DEN DRIVE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **SVD** ☒ Change ☐ Addition
NAME **KEITH STEWART**
STREET ADDRESS **1219 LIONS DEN DRIVE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 **904-2842147**
Date Daytime Phone #

CR2E037 (9/99)