## 2001 UNIFORM BUSINESS KEPORT (UBR)

DOCUMENT # N39409  1. Entity Name				Secretary of State			
THUNDERBIRD HILL SOUTH HOM	EOWNERS ASSOCIATION	N, I			-19-2001 90090		
Principal Place of Business	Mailing Address	<u> </u>					
833 SUNBIRD TERRACE SEBRING FL 33872	833 SUNBIRD TERRACE SEBRING FL 33872					000062	44
2. Principal Place of Business	3. Mailing Address		_				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE	
City & State	City & State	City & State		4. FEI Numbe	EU-3U3U43U   - <del>  -   -   -   -   -   -   -   -   </del>		pplied For ot Applicable
Zip Country	Zip	Country		5. Certificate	of Status Desired	See Require	
6. Name and Address of Curre	nt Registered Agent				Address of New Reg	gistered Agent	
MULLIS, BOYCE 500 THUNDERBIRD HILL RD SEBRING FL 33872  Name Barbara A. 5. mnons Street Address (P.O. Box Number is Not Acceptable) 30.5 Sumb med Sq.  City Sebring FL Zip Code 33875						le 872	
8. The above named entity submits this statemen	t for the purpose of changing its	registered offic	e or register	ed agent, or bot	h, in the state of Florid		
SIGNATURE Banbana A. 5 mons 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 Trust Fund Contribu			<b>0</b> May Be I to Fees		Check Payable to artment of State	
10. OFFICERS AND		11.	A 1		ANGES TO OFFICERS		
NAME STREET ADDRESS CITY-ST-ZIP  D HOWARD, STOEHR 701 SUNBIRD TERRACE SEBRING FL 33872	☐ Delete	NAME STREET ADDRE	15a 30	Mari	A Signar bund Sq	Change 3872	Addition
TITLE V NAME KOCA, FRANK	Delete	TITLE NAME			-	☐ Change	Addition
STREET ADDRESS 834 SUNBIRD TERR CITY-ST-ZIP SEBRING FL 33872		STREET ADDRI	ESS	<u></u>			
TITLE D  NAME WALKER, MARILYN  STREET ADDRESS 728 SUNBIRD TERR	☐ De lete	TITLE NAME STREET ADDRE	ESS			☐ Change	☐ Addition
SEBRING FL		CITY-ST-ZIP			.,		
NAME DRZEWIECKI, LOUIS STREET ADDRESS 638 SUNBIRD SQ	<b>⊠</b> Delete	TITLE NAME STREET ADDRE	ESS			☐ Change	☐ Addition
SEBRING FL  TITLE D	☐ Delete	CITY-ST-ZIP TITLE	<del></del>		·	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  MULLIS, SONJA 500 THUNDERBIRD HILL RD SEBRING FL		NAME STREET ADORE	ess			Orlange	7.00,001
TITLE S NAME FASANARO, AGNES STREET ADDRESS CITY-ST-ZIP SEBRING FL	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	Addition
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: SIGNAT	URE REQUIR	ED_	Ď	an. 8	2001	863-471~1 Daytime Phone #	299