## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N41864** May 01, 2000 8:00 am 1. Entity Name Secretary of State MOBILAND BY THE SEA HOMEOWNERS ASSOCIATION, INC. 05-01-2000 90450 043 \*\*\*\*61.25 Principal Place of Business Mailing Address 2072 MOBILAND DR 2072 MOBILAND DR MELBOURNE FL 32935-4856 MELBOURNE FL 32935-4842 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3106726 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BOUTHILLIER. RICHARD A. 2072 MOBILAND DR **MELBOURNE FL 32935** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE Delete DANNER HELEN 4459 UTICA CIRCLE NAME NAME **BOUTHILLIER, RICHARD A** STREET ADDRESS STREET ADDRESS 2072 MOBILAND DR CITY-ST-ZIP MELBOURNE FL. 32935 CITY-ST-ZIP MELBOURNE FL 32935 Delete TITLE Change ☐ Addition DANNER, KENNETH W. YANNETTA ANGELO NAME NAME 4459 UTICA CIRCLE STREET ADDRESS MELBOURNE, FL. 32935 STREET ADDRESS 4673 BLUEJAY LN CITY ST-ZIP CITY\_ST\_ZIP\_\_\_ MELBOURNE FL-32935~ Change Addition **I** Delete TITLE BOUTHILLIER, RICHRD A. YANNETTA PRISCILLA NAME NAME 2072 MOBILAND DR. STREET ADDRESS STREET ADDRESS 4673 BLUEJAY LN CITY-ST-ZIP CITY-ST-ZIP TELBOURNE FL 32935 MELBOURNE FL 32935 Change ☐ Addition TITLE Delete TITLE SEDOR, STEVEN NAME NAME STREET ADDRESS STREET ADORESS 4455 UTICA CIRCLE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE CARD, ROGER NAME NAME STREET ADDRESS STREET ADDRESS 2119 MOBILAND DRIVE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Change ☐ Addition ☐ Delete TIT! E 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 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 propowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #