

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46964

1. Entity Name

HASSON RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9732 HASSON RIDGE
CLERMONT FL 34711
US

Mailing Address

9732 HASSON RIDGE
CLERMONT FL 34711
US

2. Principal Place of Business

9744 HASSON RIDGE

Suite, Apt. #, etc.

3. Mailing Address

9744 HASSON RIDGE

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

CLERMONT FL

Zip

34711

Country

U.S.

Zip

34711

Country

U.S.

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

THOMPSON, BERNIE
9732 HASSON RIDGE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name Richard Creighton

Street Address (P.O. Box Number is Not Acceptable)

9744 HASSON RIDGE

City

CLERMONT

FL

Zip Code

34711

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

Bernie Thompson

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 D ☐ Delete
NAME THOMPSON, BERNIE
STREET ADDRESS 9732 HASSON RIDGE
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ Delete
NAME BROOKS, SHAR
STREET ADDRESS 9715 HASSON RIDGE
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☒ Delete
NAME HANSEN, ROBIN
STREET ADDRESS 9804 HASSON RIDGE
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
NAME Creighton, Richard
STREET ADDRESS 9744 HASSON RIDGE
CITY-ST-ZIP CLERMONT FL 34711

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Bernie Thompson REQUIRED

4/27/01

(352) 394-4050

CR2E037 (10/00)