

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90173 018 ****61.25

DOCUMENT # **N 49629**

1. Entity Name

APPALOOSA HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2840 VALKYRY WAY

3. Mailing Address

2840 VALKYRY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CANTONMENT, FL

City & State

CANTONMENT, FL

Zip

32533

Country

U.S.

Zip

32533

Country

U.S.

4. FEI Number

59-3195210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT MCLAUGHLIN

2811 VALKYRY WAY

CANTONMENT, FL 32533

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 **P/D** NAME **ROBERT MCLAUGHLIN** ☒ Delete
STREET ADDRESS **DAVID MULL**
CITY-ST-ZIP **2811 VALKYRY WAY**
CANTONMENT, FL 32533

TITLE **V/D** NAME **LESLIE HEATON** ☒ Delete
STREET ADDRESS **2851 VALKYRY WAY**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **S/T/D** NAME **HERMAN BRAY** ☐ Delete
STREET ADDRESS **2840 VALKYRY WAY**
CITY-ST-ZIP **CANTONMENT, FL 32533**

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 **P/D** NAME **LESLIE HEATON** ☐ Change ☒ Addition
STREET ADDRESS **2851 VALKYRY WAY**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **V/D** NAME **GREG WOOD** ☐ Change ☒ Addition
STREET ADDRESS **2850 VALKYRY WAY**
CITY-ST-ZIP **CANTONMENT, FL 32533**

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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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: **Herman Bray (HERMAN BRAY)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

850-969-1322

Daytime Phone #

CR2E037 (9/99)