

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49629

1. Entity Name

APPALOOSA HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90073 037 \*\*\*\*61.25

Principal Place of Business 2840 VALKYRY WAY CANTONMENT FL 32533 US	Mailing Address 2840 VALKYRY WAY CANTONMENT FL 32533 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3195210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCLAUGHLIN, ROBERT R. 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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																				
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PD HEATON, LESLIE 2851 VALKYRY WAY CANTONMENT FL 32533</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>VD WOOD, GREG 2850 VALKYRY WAY CANTONMENT FL 32533</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>TSD BRAY, HERMAN 2840 VALKYRY WAY CANTONMENT FL 32533</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEATON, LESLIE 2851 VALKYRY WAY CANTONMENT FL 32533	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, GREG 2850 VALKYRY WAY CANTONMENT FL 32533	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BRAY, HERMAN 2840 VALKYRY WAY CANTONMENT FL 32533	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PD WOOD, GREG 2850 VALKYRY WAY CANTONMENT, FL 32533</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>VD DREW, JOHN 2894 VALKYRY WAY CANTONMENT, FL 32533</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, GREG 2850 VALKYRY WAY CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DREW, JOHN 2894 VALKYRY WAY CANTONMENT, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 K. BRAY 3-4-02 850-969-1322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)