

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91039 025 ****70.00

DOCUMENT # N49684

1. Entity Name
EAST FRIENDSHIP HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 245
WAUCHULA FL 33873

Mailing Address

P.O. BOX 245
WAUCHULA FL 33873

2. Principal Place of Business

1609 Friendship Lane

Suite, Apt. #, etc.

Zolfo Springs, FL

City & State

3. Mailing Address

1609 Friendship Lane

Suite, Apt. #, etc.

Zolfo Springs, FL

City & State

Zolfo Springs, FL

City

33890

Zip

Hardee

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0339970**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POLK, GUY E.
452 RIVER LN.
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name **Benjamin Franklin Sellers, Sr.**
Street Address (P.O. Box Number is Not Acceptable)
1609 Friendship Lane
Zolfo Springs
City **FL** Zip Code **33890**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Benjamin Franklin Sellers, Sr.** *Benjamin Franklin Sellers, Sr.* **April 3, 2003**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **POLK, GUY E.**
STREET ADDRESS **452 RIVER LANE**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **SD** ☐ Delete
NAME **ARMSTRONG, DEANNA**
STREET ADDRESS **PO BOX 1183 N/A**
CITY-ST-ZIP **SOLFO SPRINGS FL**

TITLE **VTD** ☐ Delete
NAME **ARMSTRONG, JOHN W.**
STREET ADDRESS **PO BOX 1183 N/A**
CITY-ST-ZIP **ZOLFO SPRINGS FL**

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 **PD** ☒ Change ☒ Addition
NAME **Benjamin Franklin Sellers, Sr.**
STREET ADDRESS **1609 Friendship Lane**
CITY-ST-ZIP **Zolfo Springs, F.**

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

TITLE ☐ Change ☐ Addition
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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: **Benjamin Franklin Sellers, Sr.**

4-3-03

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775-6868

CR2E037 (10/02)