

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2000 8:00 a**  
**Secretary of State**

02-08-2000 90169 045 \*\*\*\*61.25

**DOCUMENT # N51059**  
1. Entity Name  
**THE HOMEOWNERS ASSOCIATION OF LA BUONA VITA MOBI**

Principal Place of Business <b>8568 FLORENCE DR. PORT ST LUCIE FL 34952 US</b>	Mailing Address <b>8568 FLORENCE DR. PORT ST LUCIE FL 34952-7937 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0354014**

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

6. Name and Address of Current Registered Agent  
**MYHOOD, RUTH G  
8568 FLORENCE DR.  
PORT ST LUCIE FL 34952**

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 RUTH G. MAYHOOD Ruth G. Mayhood 1/29/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DALEY, THOMAS J. 8618 FLORENCE DR. PT. ST. LUCIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LADOUCEAR, LES 471 ANN MARIE CIRCLE PT. ST. LUCIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MAYHOOD, RUTH G 8568 FLORENCE DR. PT. ST. LUCIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MULLINS, ROBERT C. 440 NATALIE DR. PT. ST. LUCIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DIZDUL, FLORENCE 8611 MARY ANN LANE PT. ST. LUCIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOVEL, JAMES 8490 FLORENCE DR. PORT ST LUCIE FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENNETH ASHBADE 8491 FLORENCE DR P.S.L. FL 34952</b> <input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Ruth G. Mayhood 1/29/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR