

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

Mailing Address

8568 FLORENCE DR.
PORT ST LUCIE FL 34952
US

8568 FLORENCE DR.
PORT ST LUCIE FL 34952-7937
US

0001100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0354014

Applied
Not App

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYHOO, RUTH G
8568 FLORENCE DR.
PORT ST LUCIE FL 34952

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. MAYHOO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Ruth G. Mayhoo

1/29/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DALEY, THOMAS J.
STREET ADDRESS 8618 FLORENCE DR.
CITY-ST-ZIP PT. ST. LUCIE FL ☐ Delete

TITLE VD
NAME LADOUCEAR, LES
STREET ADDRESS 471 ANN MARIE CIRCLE
CITY-ST-ZIP PT. ST. LUCIE FL ☐ Delete

TITLE SD
NAME MAYHOO, RUTH G
STREET ADDRESS 8568 FLORENCE DR.
CITY-ST-ZIP PT. ST. LUCIE FL ☐ Delete

TITLE D
NAME MULLINS, ROBERT C.
STREET ADDRESS 440 NATALIE DR.
CITY-ST-ZIP PT. ST. LUCIE FL ☐ Delete

TITLE TD
NAME DIZDUL, FLORENCE
STREET ADDRESS 8611 MARY ANN LANE
CITY-ST-ZIP PT. ST. LUCIE FL ☐ Delete

TITLE D
NAME SOVEL, JAMES
STREET ADDRESS 8490 FLORENCE DR.
CITY-ST-ZIP PORT ST LUCIE FL ☐ Delete

TITLE D
NAME KENNETH ASHBADE
STREET ADDRESS 8491 FLORENCE DR
CITY-ST-ZIP P.S.L. FL 34952 ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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. Mayhoo

1/29/00

561-87