

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51059

1. Entity Name

THE HOMEOWNERS ASSOCIATION OF LA BUONA VITA MOBI

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90241 004 \*\*\*\*61.50

Principal Place of Business

8568 FLORENCE DR.  
PORT ST LUCIE FL 34952  
US

Mailing Address

8568 FLORENCE DR.  
PORT ST LUCIE FL 34952  
US

714847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0354014

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYHOO, RUTH G MAYHOOD  
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

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

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

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

TITLE VD  
NAME SOVEL, JAMES  
STREET ADDRESS 8490 FLORENCE DR  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☐ Change ☐ Addition

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

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

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

TITLE DBI GARCERIO, WM.  
NAME  
STREET ADDRESS 451 LA BUONA VITA DR  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☐ Change ☒ Addition

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

TITLE TD  
NAME ELEANOR RIDEOUT  
STREET ADDRESS 510 JOANNE LANE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☐ Change ☒ Addition

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

TITLE D  
NAME WILKINS, JAMES  
STREET ADDRESS 400 NATALIE DR.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☐ Change ☒ Addition

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: SIGNATURE REQUIRED MAYHOOD SD 1/20/01 561-878-6676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)