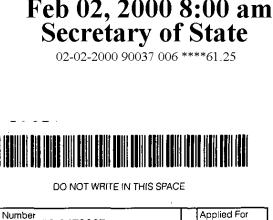
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N93000000720 HOMEOWNERS ASSOCIATION OF FOREST POINTE, INC. Principal Place of Business Mailing Address PO BOX 2003 PO BOX 2003 NEW PORT RICHEY FL 34656-2003 NEW PORT RICHEY FL 34656-2003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4 EEI Number

## **FILED** Feb 02, 2000 8:00 am Secretary of State



Only a one		0.1, a. 2.11.12		42 7 21 11311100	59-3173967	_ <del></del>	Applicable
Zip	Country	Zip	Country	5. Certificate		\$8.75 Add Fee Required	
<del></del>	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Registered /	Agent	
	market seems and seems as the	والمعالج المحاسبين	Name	**			
	, david w Y lantern dr.		Street Ad	dress (P.O. Box Number	is Not Acceptable)		
	T RICHEY FL 34654		1				
HEN TON	I HOLE TE STOOT		City		FL	Zip Code	)
8. The above SIGNATURE	e named entity submits this statement for		registered office or r	egistered agent, or both			<u>.</u>
	Signature, typed or printed name of registered agent an	d title if applicable (NOT	E: Registered Agent signature	required when reinstating)	DATÉ		
FILE NOW: 9. Election Campaign F FEE IS \$61.25 Trust Fund Contributi			~ —	\$5.00 May Be Added to Fees	Make Check I Department		
10.	OFFICERS AND DIRE	CTORS	11,	ADDITIONS/CHA	NGES TO OFFICERS AND DIF	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, DAVID W 10440 KEY LANTERN DR. NEW PORT RICHEY FL 34659	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DONOVAN, KENNETH JR 8822 WHISPERING OAKS TRAIL NEW PORT RICHEY FL 34654	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIEBE, CRAIG 11046 LAKEVIEW DR. NEW PORT RICHEY FL 34654	Delete	NAME STREET ADDRESS CITY-ST-ZIP		To the second of	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	le.	□ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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.