2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State
05-02-2001 90122 023 ****61.25

DOCUMENT # N93000000720

1. Entity Name

HOMEOWNERS ASSOCIATION OF FOREST POINTE, INC.

Principal Place of Business	Mailing Address
~~PO BOX 2003~~ ~~NEW PORT RICHEY FL 34656-2003~~	~~PO BOX 2003~~ ~~NEW PORT RICHEY FL 34656-2003~~

10976

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11819 KESTREL DRIVE Suite, Apt. #, etc.	11819 KESTREL DRIVE Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FLORIDA	City & State: NEW PORT RICHEY FLORIDA
Zip: 34654 Country: PASCO	Zip: 34654 Country: PASCO

4. FEI Number 59-3173967 ☐ Applied For ☐ Not Applicable

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
~~WILLIAMS, DAVID W~~ ~~10410 KEY LANTERN DR~~ ~~NEW PORT RICHEY FL 34654~~	Name: PAUL R. SHORT Street Address (P.O. Box Number is Not Acceptable): PROFESSIONAL ACCOUNTING ASSOCIATES, INC. 7522 N. 40TH STREET City: TAMPA FL Zip Code: 33604

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: _____ PAUL R. SHORT, ACCOUNTANT MARCH 27, 2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PTD~~ ~~WILLIAMS, DAVID W~~ ~~10410 KEY LANTERN DR~~ ~~NEW PORT RICHEY FL 34654~~	☒ 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	~~S~~ ~~FIEBE, CRAIG~~ ~~11046 LAKEVIEW DR~~ ~~NEW PORT RICHEY FL 34654~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, DIRECTOR ROBBINS SHELLY 12120 SHEARWATER DRIVE NEW PORT RICHEY FL. 34654 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIRECTOR SNYDER KEN 11836 KESTREL DRIVE NEW PORT RICHEY FL 34654 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FILE COPY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER, DIRECTOR DEBBIE M. MILLS 11819 KESTREL DRIVE NEW PORT RICHEY, FL. 34654 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, DIRECTOR GAMBLE, MATT 12225 SHEARWATER DRIVE NEW PORT RICHEY, FL. 34654 ☐ 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: _____ DEBBIE M. MILLS TREAS. 3/27/01 (727) 856-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)