

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000720

1. Entity Name

HOMEOWNERS ASSOCIATION OF FOREST POINTE, INC.

Principal Place of Business

11819 KESTREL DRIVE
NEW PORT RICHEY FL 34654

Mailing Address

11819 KESTREL DRIVE
NEW PORT RICHEY FL 34654

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 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

SHORT, PAUL R
7522 N 40TH STREET
TAMPA FL 33604

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 SD
NAME ROBBINS, SHELLY ☒ Delete
STREET ADDRESS 12120 SHEARWATER DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE SD
NAME Yevich, Julie ☒ Change ☐ Addition
STREET ADDRESS 12229 Shearwater Drive
CITY-ST-ZIP New Port Richey FL 34654

TITLE PD
NAME SNYDER, KEN ☒ Delete
STREET ADDRESS 11836 KESTREL DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE PD
NAME PATTON, NORMAN ☒ Change ☐ Addition
STREET ADDRESS 12204 Shearwater Drive
CITY-ST-ZIP New Port Richey FL 34654

TITLE TD
NAME MILLS, DEBBIE M ☐ Delete
STREET ADDRESS 11819 KESTREL DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE VPD
NAME GAMBLE, MATT ☒ Delete
STREET ADDRESS 12225 SHEARWATER DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE VPD
NAME FREDERICK GRAY ☒ Change ☐ Addition
STREET ADDRESS 11823 Kestrel Dr
CITY-ST-ZIP New Port Richey FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE AD
NAME SILVA, THOMAS ☒ Change ☐ Addition
STREET ADDRESS 11816 Kestrel Drive
CITY-ST-ZIP New Port Richey FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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, TD 4/29/02 727 856 6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)