

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000793

1. Entity Name

ATWATER HOMEOWNER'S ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90238 022 ****61.25

Principal Place of Business

Mailing Address

431 ATWATER CT
MARY ESTHER FL 32569

431 ATWATER CT
MARY ESTHER FL 32569-2728

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

59-3195448

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

JENKINS, MICHAEL
3456 HWY 190
VALPARAISO FL 32580

Name

Street Address (P.O. Box Number is Not Acceptable)

431 Atwater Ct.

City

Mary Esther

FL

Zip Code
32569

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JENKINS, MICHAEL
431 ATWATER CT
MARY ESTHER FL 32569 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
JENKINS, DIANE
431 ATWATER CT
MARY ESTHER FL 32569 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
PETROPOULOS, PETER
441 ATWATER COURT
MARY ESTHER FL 32560 ☐ Delete

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

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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:

Diane Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Jenkins

1-11-00

850/678-5940

Date

Daytime Phone #

CR2E037 (9/99)