2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # N9300000793 ATWATER HOMEOWNER'S ASSOCIATION, INC. 01-30-2001 90153 041 ****61.25 Principal Place of Business Mailing Address 431 ATWATER CT 431 ATWATER CT MARY ESTHER FL 32569 MARY ESTHER FL 32569 2. Principal Place of Business 3. Mailing Address 435 Atwater Court 435 Atwater Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Mary Esther, 59-3195448 Mary Esther, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32569 U.S.A. 32569 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Henry Cormier III Street Address (P.O. Box Number is Not Acceptable) 435 Atwater Court JENKINS, MICHAEL 3456 HWY 190 VALPARAISO FL 32580 Mary Esther 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 **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Addition Delete x Change NAME JENKINS, MICHAEL NAME Bowles, Steve STREET ADDRESS 431 ATWATER CT STREET ADDRESS 439 Atwater Court CITY-ST-ZIF CITY-ST-ZIP MARY ESTHER FL 32569 Mary Esther, FL 32569 TITLE STD ST TITLE Delete ☐ Addition x Change NAME JENKINS, DIANE NAME J. Henry Cormier III STREET ADDRESS **431 ATWATER CT** STREET ADDRESS 435 Atwater Court CITY-ST-ZIP MARY ESTHER FL 32569 CITY-ST-ZIP Mary Esther, FL 32569 TITLE Delete TITI F Change Addition V Rick Smith PETROPOULOS, PETER NAME NAME 437 Atwater Court STREET ADDRESS STREET ADDRESS 441 ATWATER COURT CITY-ST-ZIP CITY-ST-ZIP MARY ESTHER FL 32560 Mary Esther, FL 32569 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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