

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91342 045 ****61.25

DOCUMENT #

N94000000410

1. Entity Name

HOBART LANDING, UNIT TWO, PROPERTY OWNER'S ASSOC., INC.

Principal Place of Business

Mailing Address

3565 MARTHAS LN
 VERO BEACH, FL 32967

3565 MARTHAS LANE
 VERO BEACH, FL 32967-5693

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

65-0626650

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

AHNEMAN, THEODORE J
 3565 MARTHAS LN
 VERO BEACH, FL 32967

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 \$81.25

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	D	<input type="checkbox"/> Delete
NAME	AHNEMAN, THEODORE J	
STREET ADDRESS	3565 MARTHAS LANE	
CITY - ST - ZIP	VERO BEACH, FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLWOOD, ELIZABETH H	
STREET ADDRESS	3555 LUCIA DRIVE	
CITY - ST - ZIP	VERO BEACH, FL 32967	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOFF, TERRY	
STREET ADDRESS	3555 MARTHAS LANE	
CITY - ST - ZIP	VERO BEACH, FL 32967	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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:

Terry Goff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

Daytime Phone #

CR2E037 (11/00)