

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90031 022 ****61.25

DOCUMENT # N94000001631

1. Entity Name

SUNLAND GARDEN HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

**3415 AVENUE Q
 FT PIERCE FL 34947**

**P.O. BOX 1473
 FORT PIERCE FL 34954-1473**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOMAN, EMMA A
 1501 N 35TH STREET
 FT PIERCE FL 34947**

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 Delete
 NAME **P LOMAN, EMMA A**
 STREET ADDRESS **1501 N 35TH STREET**
 CITY-ST-ZIP **FT PIERCE FL 34947**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD BRADLEY, WILLIAM**
 STREET ADDRESS **3405 AVE S**
 CITY-ST-ZIP **FT PIERCE FL 34947**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SWOOP, ELIZA**
 STREET ADDRESS **160 N 35TH ST**
 CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T SCOTT, DAVID**
 STREET ADDRESS **4006 AVENUR R**
 CITY-ST-ZIP **FT. PIERCE FL 34947**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MD STOVALL, JOHNNY**
 STREET ADDRESS **3702 AVE S**
 CITY-ST-ZIP **FT PIERCE FL 34947**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S BRADLEY, BETTY**
 STREET ADDRESS **3405 AVE S**
 CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE Change Addition
 NAME
 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: *EMMA A LOMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

1-561-461-6853

Date

Daytime Phone #

CR2E037 (9/99)