

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004295

1. Entity Name

AYLESFORD HOMEOWNERS ASSOCIATION, INC.

325 SOUTH BOULEVARD
TAMPA, FL 33606

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TAMPA, FL 33606

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

59-3275976

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

Name

Street HANSON, JACK
325 SOUTH BLVD.
TAMPA, FL 33606

City

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PECK, RON 4650 AYLESFORD DR PALM HARBOR FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUHLAN, PAULA 4338 AUSTON WAY PALM HARBOR FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBENS, JOHN 4623 AYRON TERR PALM HARBOR FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ARATA, ED 4622 AYROON TERRACE PALM HARBOR FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUJU, MICHAEL 4085 AUSTON WAY PALM HARBOR FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, LISA 4611 AYRON TERR PALM HARBOR FL	☒ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ARATA, ED 4622 AYRON TERRACE PALM HARBOR, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEBENS, JOHN 4623 AYRON TERRACE PALM HARBOR, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERL, URSULA 4030 AUSTON WAY PALM HARBOR, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEDANI, PEGGY 9190 AUSTON WAY PALM HARBOR, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSEN, LISA 4611 AYRON TERRACE PALM HARBOR, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRUMP, FRANK 4684 AYRON TERRACE PALM HARBOR, FL	☒ 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:

Ed Arata
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90849 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)