2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **N94000004295**

1. Entity Name
AYLESFORD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SEABOARD ARBORS MGMT 325 SOUTH BOULEVARD TAMPA FL 33606 US	SEABOARD ARBORS MGMT 325 SOUTH BOULEVARD TAMPA FL 33606 US

2. Principal Place of Business	3. Mailing Address
325 S BOULEVARD	325 S BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33606 Country: US	Zip: 33606 Country: US

DO NOT WRITE IN THIS SPACE

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

HANSON JACK
C/O SEABOARD ARBORS MANAGEMENT SERVICES
325 SOUTH BLVD
TAMPA FL
33606 US

7. Name and Address of New Registered Agent

Name: HANSON JACK
Street Address (P.O. Box Number is Not Acceptable): 325 S. BOULEVARD
City: TAMPA **FL** Zip Code: 33606

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 _____ **04/26/2001**
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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	D		TITLE	D	
NAME	PETERSEN LISA		NAME	EBERL URSULA	
STREET ADDRESS	4611 AYRON TERR		STREET ADDRESS	4030 AUSTON WAY	
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	GUJU MICHAEL		NAME	CRAFT JOAN	
STREET ADDRESS	4085 AUSTON WAY		STREET ADDRESS	4377 ALDON COURT	
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ Delete	TITLE	DT	☒ Change ☐ Addition
NAME	D ED		NAME	SEDANO PEGGY	
STREET ADDRESS	4622 AYROON TERRACE		STREET ADDRESS	4190 AUSTON WAY	
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ Delete	TITLE	DS	☒ Change ☐ Addition
NAME	LEBENS JOHN		NAME	BOHL DAWN	
STREET ADDRESS	4623 AYRON TERR		STREET ADDRESS	4096 AMBER LANE	
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	MUHLAN PAULA		NAME	LEO AL	
STREET ADDRESS	4338 AUSTON WAY		STREET ADDRESS	4062 AUSTON WAY	
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	PECK RON		NAME	PETERSEN LISA	
STREET ADDRESS	4650 AYLESFORD DR		STREET ADDRESS	4611 AYRON TERRACE	
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP	PALM HARBOR FL 34685	

CR2E037 (11/00)

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: LISA PETERSEN DP 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #