2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90056 029 ****61.25

DOCUMENT # N94000004646

1. Entity Name

PEACHTREE AT FOX HOLLOW HOMEOWNERS ASSOCIATION,

Principal Place of Business	Mailing Address
2180 W. SR.434.STE.5000 LONGWOOD FL 32779-5044	2180 W. SR.434.STE.5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

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 59-3267232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 W. ST. RD. 434, STE. 5000
LONGWOOD FL 32779-5044

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP TIBMA, PETER 3440 E. LAKE RD STE 106 PALM HARBOR FL 34685	☒ Delete	PD ANDOLINA,SAL 1251 SPOTSWOOD CT NEW PORT RICHEY FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EMERY, KENNETH 3440 E LAKE RD. STE 106 PALM HARBOR FL 34685	☒ Delete	VD REILLY,BOB 9226 BONNINGTON DR NEW PORT RICHEY FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SNIDER, BOB 4800 MILE STRETCH DR. HOLIDAY FL 34690	☒ Delete	SD NEIGHBORS,CAROL 9252 BONNINGTON DR NEW PORT RICHEY FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD LAROCHELLE,JOE 9312 BONNINGTON DR NEW PORT RICHEY FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D BROWN,DAVE 1252 STADLER DR NEW PORT RICHEY FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D FROBEEN,BERNIE 1222 HOMINEY HILL DR NEW PORT RICHEY FL 34655	☐ Change ☒ Addition

CR2E037 (9/99)

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: Sal Andolina 727-799-8982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N94000004646

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D
HENNESSY,BILL
1234 HOMINEY HILL DR
NEW PORT RICHEY FL 34655