

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000578**

1. Entity Name

KAREN'S COURT CONDOMINIUM ASSOCIATION, INC.**FILED****Apr 17, 2002 8:00 am**
Secretary of State

04-17-2002 90147 029 ****70.00

Principal Place of Business

Mailing Address

**9277 LAKE CYPRESS LOOP
WEEKI WACHEE FL 34613****9277 LAKE CYPRESS LOOP
WEEKI WACHEE FL 34613****80068472**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7382 SPRING HILL DRIVE**7382 SPRING HILL DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL FL.**SPRING HILL FL.**

4. FEI Number

59-3299418

Applied For

Not Applicable

Zip

Country

Zip

Country

34606**HERNANDO****34606****HERNANDO**

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

**HUFF, EARL
9277 LAKE CYPRESS LOOP
WEEKI WACHEE FL 34613**Name **DIXON ANNA**Street Address (P.O. Box Number is Not Acceptable)
7380 SPRING HILL DRIVECity **SPRING HILL****FL**Zip Code
34606

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 **HUFF EARL****Earl Huff****4/09/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **DPS** ☒ Delete
NAME **HUFF, EARL**
STREET ADDRESS **9277 LAKE CYPRESS LOOP**
CITY-ST-ZIP **WEEKI WACHEE FL 34613**TITLE **DPS** ☒ Change ☐ Addition
NAME **JEANETTE PEREIRA**
STREET ADDRESS **7382 SPRING HILL DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**TITLE **DV** ☐ Delete
NAME **DIXON, ANNA**
STREET ADDRESS **7380 SPRINGHILL DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DT** ☒ Delete
NAME **HUFF, NORENE R**
STREET ADDRESS **9277 LAKE CYPRESS LOOP**
CITY-ST-ZIP **WEEKI WACHEE FL 34613**TITLE **DT** ☒ Change ☐ Addition
NAME **ANTONIO PEREIRA**
STREET ADDRESS **7382 SPRING HILL DRIVE**
CITY-ST-ZIP **SPRING HILL FL. 34606**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Earl Huff** **EARL HUFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/02 1-325 597-7626

Date

Daytime Phone #

CP2E037 (9/01)