

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90010 007 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000001608

1. Entity Name
DYREHAVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
2014 DYREHAVEN DR. **2014 DYREHAVEN DR.**
TALLAHASSEE FL 32311 **TALLAHASSEE FL 32311**

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 **59-3345297** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

TOURY, EDWARD J
2014 DYREHAVEN DR.
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name **TOWEY, EDWARD J.**
Street Address (P.O. Box Number is Not Acceptable)
2014 Dyrehaven Dr.
City **Tallahassee** **FL** **Zip Code** **32311**

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]* **EDWARD J. Towey, Treasurer** **1/8/01**
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 ☐ **\$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	VD PIPEMEIER, SHARON 8747 QUEEN ANNA DR. TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFE, NATALIE 2042 DYREHAVEN DR. TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEPPER, LEROY 2009 DYREHAVEN DR. TALLAHASSEE FL 32311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEE NOREN 8058 GREENMONT Ave TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOWEY, EDWARD J 2014 DYREHAVEN DR TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **EDWARD J. Towey, Treasurer** **1/8/01** **224-6242**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)