

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90276 013 ****61.25

DOCUMENT # N95000002856

1. Entity Name

THE NORTHEAST WINTER HAVEN NEIGHBORHOOD ASSOCIATION, INCORPORATED

Principal Place of Business

**2426 EDWIN ST N.E.
 WINTER HAVEN FL 33881
 US**

Mailing Address

**PO BOX 3495
 WINTER HAVEN FL 33885**

2. Principal Place of Business

135 AVE Y, NE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33881

Country

USA

City & State

Zip

Country

4. FEI Number

59-3319035

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MARY S
 2426 EDWIN ST N.E.
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name

JIMMIE LEE HUDSON

Street Address (P.O. Box Number is Not Acceptable)

1905 BROWN ST NE

City

WINTER HAVEN

FL

Zip Code

33881

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

Jimmie Lee Hudson Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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	P	BOYD, KEITH SR	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		443 18TH STREET SE	
CITY-ST-ZIP		WINTER HAVEN FL 33881	
TITLE	S	HUDSON, JIMMIE L	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1905 BROWN STREET N. E.	
CITY-ST-ZIP		WINTER HAVEN FL 33881	
TITLE	VP	BOYD, KEITH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		411 AVE N.E.	
CITY-ST-ZIP		WINTER HAVEN FL 33881	
TITLE	T	BROWN, TIMOTHY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		305 AVE. X NE	
CITY-ST-ZIP		WINTER HAVEN FL 33881	
TITLE	D	SMITH, WILFRED	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2444 5TH STREET NE	
CITY-ST-ZIP		WINTER HAVEN FL 33881	
TITLE	T	GRANT, LINDA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2244 MARY JEWETT CIRCLE	
CITY-ST-ZIP		WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE

Jimmie Lee Hudson
 SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

863/299-3263

Daytime Phone #

CR2E037 (9/01)