

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004935

1. Entity Name

NICHOLAS HEIGHTS HOME OWNERS ASSOCIATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90074 012 ****61.25

Principal Place of Business

499 ARNESON AVENUE
AUBURDALE FL 33823
US

Mailing Address

499 ARNESON AVENUE
AUBURDALE FL 33823-3257
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOBBS, MARTHA
495 ARNESON AVE.
AUBURDALE FL 33823

7. Name and Address of New Registered Agent

Name

LOIS HAMANN

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

499 ARNESON AVE

City

Auburndale

FL

Zip Code

33823

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

Lois Hamann

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

TITLE D ☐ Delete
NAME HAMANN, LOIS
STREET ADDRESS 499 ARNESON AVE.
CITY-ST-ZIP AUBURDALE FL

TITLE D ☐ Delete
NAME CULLIFER, VIVIAN
STREET ADDRESS 497 ARNESON AVE.
CITY-ST-ZIP AUBURDALE FL

TITLE PSTD ☐ Delete
NAME HOBBS, MARTHA
STREET ADDRESS 495 ARNESON
CITY-ST-ZIP AUBURDALE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSD ☒ Change ☐ Addition
NAME HAMANN, LOIS
STREET ADDRESS 499 ARNESON AVE
CITY-ST-ZIP AUBURDALE FL 33823

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME HOBBS, MARTHA
STREET ADDRESS 495 ARNESON AV
CITY-ST-ZIP Auburndale FL 33823

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Lois Hamann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863
3-28-2000 967-9488

CR2E037 (9/99)