

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90852 030 ****61.25

DOCUMENT # N95000005965

1. Entity Name

SOUTH HOME COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3313 SOUTH HOME COURT
TAMPA FL 33611-2900**

**3313 SOUTH HOME COURT
TAMPA FL 33611-2900**

2. Principal Place of Business

3. Mailing Address

3309 S. Home Ct.

3309 S. Home Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL 33611-2900

Tampa FL

4. FEI Number

59-3346571

Applied For

Not Applicable

Zip

Country

Zip

Country

33611-2900 USA

33611-2900 USA

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

**WALKLEY, BRUCE A
3313 SOUTH HOME COURT
TAMPA FL 33611-2900**

Name

Ellen D. Embry

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

3309 S. Home Ct.

City

Tampa

FL

Zip Code

33611-2900

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 **Ellen D. Embry, Treas.**

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

Ellen D. Embry

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WALKLEY, BRUCE A**
STREET ADDRESS **3313 SOUTH HOME COURT**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **P** ☒ Change ☐ Addition
NAME **Hou Zipkin**
STREET ADDRESS **3311 South Home Court**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE **D** ☐ Delete
NAME **ZIPKIN, LINDA**
STREET ADDRESS **3311 SOUTH HOME COURT**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **D** ☐ Delete
NAME **EMBRY, ELLEN**
STREET ADDRESS **3309 SOUTH HOME COURT**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: ELLLEN D. EMBRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

813/831-2166

Daytime Phone #

CR2E037 (9/01)