

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90099 021 \*\*\*\*\*61.25

**DOCUMENT # N96000001228**

1. Entity Name

**THREE PALMS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**MAURICE HODDER**  
**31229 THREE PALMS LN**  
**TAVARES FL 32778**

Mailing Address

**MAURICE HODDER**  
**31229 THREE PALMS LN**  
**TAVARES FL 32778**

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 **59-3374494**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODDER, MAURICE**  
**31229 THREE PALMS LN**  
**TAVARES FL 32778**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**MAURICE HODDER** *Maurice Hodder*

**3/31/03**

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **SCHUL, RAYMOND**  
STREET ADDRESS **31289 THREE PALMS**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **FRED SCORSONE** ☐ Change ☒ Addition  
NAME **31237 Three Palms Ln**  
STREET ADDRESS **TAVARES FL 32778**  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SWEARENGEN, ELLEN**  
STREET ADDRESS **31289 THREE PALMS LN**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **Mel DeFaienze** ☐ Change ☒ Addition  
NAME **31261 Three Palm Ln**  
STREET ADDRESS **TAVARES, FL 32778**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **TIMM, MARY**  
STREET ADDRESS **31273 THREE PALMS LN.**  
CITY-ST-ZIP **TAVARES FL 32778**

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

TITLE **T** ☐ Delete  
NAME **LEGGETT, MARJORIE**  
STREET ADDRESS **31201 THREE PALMS LN**  
CITY-ST-ZIP **TAVARES FL 32778**

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

TITLE **D** ☐ Delete  
NAME **SKINNER, BEATRICE**  
STREET ADDRESS **31286 THREE PALMS LN.**  
CITY-ST-ZIP **TAVARES FL 32778**

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

TITLE **D** ☐ Delete  
NAME **LEGGETT, ELWOOD**  
STREET ADDRESS **31201 THREE PALMS LN**  
CITY-ST-ZIP **TAVARES FL 32778**

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:

*MAURICE HODDER*

**3/31/03**

**352-343-8943**

CR2E037 (10/02)