## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9600001563 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name HOMEOWNERS/RENTERS ASSOCIATION OF POINSETTIA PAR 04-12-2000 90153 045 \*\*\*\*61.25 Principal Place of Business Mailing Address 131 GRANADA STREET 131 GRANADA STREET FT MYERS FL 33905-4351 FT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address 25 POINSETTIA POINSETT A DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State MYERS MYERS 65-0657350 ORT Not Applicable \$8.75 Additional 5. Certificate of Status Desired 905 Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRELLE, WILLIAM A 131 GRANADA STREET FT MYERS FL 33905 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Addition | TITLE TITLE FIMURPHY NAME odd) GRELLE, WILLIAM A STREET ADDRESS STREET ADDRESS 131 GRANADA ST. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete TITLE TITLE NAME NAME CLINK, ARLENE STREET ADDRESS STREET ADDRESS 225 N. POINSETTIA DR CITY-ST-ZIP CITY-ST-ZIP FT-MEYERS FL-33905 Change Addition MILTERD BEALER 🛣 Delete TITLE TITLE NAME 270 W, POINSETTIA (oold) NAME BEAHM, DOROTHY STREET ADDRESS STREET ADDRESS 80 E. POINSETTIA DR CITY-ST-ZIP CITY-ST-ZIP FT MEYERS FL 33905 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BREKER, EDITH STREET ADDRESS 21 POINSETTIA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **GRIFFEN, DORIS** NAME STREET ADDRESS STREET ADDRESS 199 DOMINGO DR CITY-ST-7IP CITY-ST-ZIP FT MEYERS FL 33905 D JAMES GREER SCHANGE SADDING 273 W. POINSETTIA DR (add) TITLE (A) Delete TITLE

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.

KENT F SURPLINES

IGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME

MACCLUEN, DON

308 LACASA AVE.

FORT MYERS FL 33905

NAME

STREET ADDRESS

CITY-ST-ZIP