

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001563

1. Entity Name

HOMEOWNERS/RENTERS ASSOCIATION OF POINSETTIA PAR

Principal Place of Business

25 POINSETTIA DR
FT MYERS FL 33905

Mailing Address

25 POINSETTIA DR
FT MYERS FL 33905

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 65-0657350

Applied For
Not Applicable

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

MURPHY, KENT F
25 POINSETTIA DR
FT MYERS FL 33905

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.

SIGNATURE

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
After September 12, 2001, min. will be \$236.25

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 P
NAME MURPHY, KENT F
STREET ADDRESS 25 POINSETTIA DR (236)
CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete

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

TITLE V
NAME CLINK, ARLENE
STREET ADDRESS 225 N. POINSETTIA DR
CITY-ST-ZIP FT MEYERS FL 33905 ☐ Delete

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

TITLE S
NAME BEALER, MILDREAD
STREET ADDRESS 270 W. PINSETTIA DR
CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete

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

TITLE T
NAME BREKER, EDITH
STREET ADDRESS 21 POINSETTIA DR
CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete

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

TITLE D
NAME GRIFFIN, DORIS
STREET ADDRESS 199 DOMINGO DR
CITY-ST-ZIP FT MEYERS FL 33905 ☐ Delete

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

TITLE D
NAME GREER, JAMES
STREET ADDRESS 433 W. POINSETTIA DR (236)
CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete

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

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:

Kent F Murphy 23 July 01

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90001 038 ****61.25

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DO NOT WRITE IN THIS SPACE

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