

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-14-2001 90193 009 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001797

1. Entity Name

FRONT STREET HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3 WATERSIDE PARKWAY
 PALM COAST FL 32137

Mailing Address

P.O. BOX 354489
 PALM COAST FL 32135-4489

2. Principal Place of Business

2000 Waterside Pkwy
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Coast Florida

City & State

Same

4. FEI Number

59-3375264

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CULLIS, JAMES T
 3 WATERSIDE PARKWAY
 PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name TOM LAWRENCE

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

55 FRONT STREET

City Palm Coast

FL

Zip Code 32137

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

Tom Lawrence

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

(NOTE: Registered Agent signature required when reinstating)

4-20-01

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 PD
 NAME CULLIS, JAMES T
 STREET ADDRESS 3 WATERSIDE PARKWAY
 CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE D
 NAME DONCHEZ, JIM
 STREET ADDRESS 3 WATERSIDE PARKWAY
 CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE D
 NAME HAUSSMANN, WILLIAM
 STREET ADDRESS 3 WATERSIDE PARKWAY
 CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE VD
 NAME ROCKETT, STEWART
 STREET ADDRESS 3 WATERSIDE PARKWAY
 CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE ST
 NAME VERGANI, CHRIS
 STREET ADDRESS 3 WATERSIDE PARKWAY
 CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME Tom Lawrence
 STREET ADDRESS 55 FRONT ST
 CITY-ST-ZIP PALM COAST FL 32137 ☒ Change

TITLE T
 NAME IRENE KLINGENBERG
 STREET ADDRESS 8 CHINNEY ST
 CITY-ST-ZIP PALM COAST FL 32137 ☒ Change

TITLE V
 NAME Kay Boyer
 STREET ADDRESS 82 Lagare ST
 CITY-ST-ZIP PALM COAST FL 32137 ☒ Change

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 19.07(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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

904 445-4151

Daytime Phone #

CR2E037 (10/00)