## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 28, 2002 8:00 am Secretary of State DOCUMENT # N9600006622 MEMORY LANE HOMEOWNERS ASSOCIATION, INC. 05-28-2002 91613 034 \*\*\*\*61.25 Principal Place of Business Mailing Address 2207 COLEWOOD LANE 2207 COLEWOOD LANE DOVER FL 33527 -DOVER FL 33527 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name, Street Address (P.O. Box Number is Not Acceptable) SMOOT, KIMBERLY 2207 COLEWOOD LANE DOVER FL 33527 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE SMOOT, KIM NAME NAME STREET ADDRESS 2207 COLEWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 Addition ☐ Delete TITLE NAME SMOOT, KIM NAME STREET ADDRESS STREET ADDRESS 2207 COLEWOOD LANE CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 :Charige\* TITLE Detete PREAST, DAVID PREAST, DAVID NAME zzo4 colewood lane STREET ADDRESS STREET ADDRESS 2204 COLEWOOD LANE CITY-ST-7IP CITY-ST-ZIP DOVER FL 33527 Addition ☐ Change ☐ Delete TITLE DAVID PASKERT CHAPMAN, STEVE NAME NAME 2201 Colewood Lane STREET ADDRESS STREET ADDRESS 2205 COLEWOOD LANE 33527 Dover fi CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 Change ☐ Addition D ☐ Delete TITLE President TITLE BEASLEY, HUBERT 2202 Cole WOOD LANE BEASLEY, HUBERT NAME NAME STREET ADDRESS 2202 COLEWOOD LANE STREET ADDRESS CITY-ST-ZIP DOVER, FI 33527 CITY-ST-ZIP DOVER FL 33527 Change →ddition Delete TITI F TITLE JOHNSON, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 2104 COLEWOOD LANE CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR