

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90022 004 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # N97000001075**

1. Entity Name  
**HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE COUNTR**

Principal Place of Business 2692 NE HWY 70 LOT 726 ARCADIA FL 34266	Mailing Address 2692 NE HWY 70 LOT 726 ARCADIA FL 34266-8556
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2. Principal Place of Business <b>2692 N.E. HWY 70</b> Suite, Apt. #, etc. <b>LOT 653</b> City & State <b>ARCADIA, FLORIDA</b> Zip <b>34266</b>	Country <b>DESOTo</b>	3. Mailing Address <b>2692 N.E. HWY 70</b> Suite, Apt. #, etc. <b>LOT 653</b> City & State <b>ARCADIA, FLORIDA</b> Zip <b>34266</b>	Country <b>DESOTo</b>
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4. FEI Number <b>59-3435745</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOFLIN, RON**  
**2692 NE HWY 70**  
**LOT 1**  
**ARCADIA FL 34266**

7. Name and Address of New Registered Agent  
 Name **ELLEN DAVIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2692 N.E. HWY 70 LOT 111**  
 City **ARCADIA** **FL** Zip Code **34266**

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 **ELLEN DAVIS (PRESIDENT)** *Ellen Davis* **2/16/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOFLIN, RON</b> <b>2692 N.E. HIGHWAY 70, LOT 1</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMACHER, GENE</b> <b>2692 N.E. HIGHWAY 70, LOT 56</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZIPPER, ED</b> <b>2692 N.E. HIGHWAY 70, LOT 69</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WODE, CLAUDE R JR</b> <b>2692 NE HWY 70 LOT 726</b> <b>ARCADIA FL 34266</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARNDT, HELMUT</b> <b>2692 N.E. HIGHWAY 70, LOT 132</b> <b>ARCADIA FL 34266</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, ELLEN</b> <b>2692 NE HWY 70 LOT 111</b> <b>ARCADIA FL 34266</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABBY MOORE</b> <b>2692 N.E. HWY 70 LOT 45</b> <b>ARCADIA, FL, 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMES WATSON</b> <b>2692 N.E. HWY 70 LOT 10</b> <b>ARCADIA, FL, 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAUL SCHNEIDER</b> <b>2692 N.E. HWY 70 LOT 472</b> <b>ARCADIA, FL, 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUTH LYMAN</b> <b>2692 N.E. HWY 70 LOT 22</b> <b>ARCADIA, FL, 34266</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ETHEL FARREN</b> <b>2692 N.E. HWY 70 LOT 508</b> <b>ARCADIA, FL, 34266</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Claude R. Wode Jr* **2-16-00** **863-993-4285**

CR2E037 (9/99)