

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90928 019 ****61.25

DOCUMENT # N97000001075
 1. Entity Name
HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE COUNTR

Principal Place of Business Mailing Address
 2692 NE HWY 70 2692 NE HWY 70
 LOT 653 LOT 653
 ARCADIA FL 34266 ARCADIA FL 34266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2692 NE Hwy 70 *2692 N.E. Hwy 70*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Lot 441 *Lot 441*
 City & State City & State
Arcadia, FL *Arcadia, FL*
 Zip Country Zip Country
34266 *Desoto* *34266* *Desoto*

4. FEI Number Applied For
59-3435745 Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, ELLEN
 2692 NE HWY 70
 LOT 111
 ARCADIA FL 34266

7. Name and Address of New Registered Agent
 Name *Mary Hoikala*
 Street Address (P.O. Box Number is Not Acceptable)
2692 NE Hwy 70 Lot 44
 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 *MARY Hoikala President* *Mary Hoikala*
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 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 NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ABBY 2692 N.E. HIGHWAY 70, LOT 1 ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JAMES 2692 N.E. HIGHWAY 70, LOT 56 ARCADIA FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, PAUL 2692 N.E. HIGHWAY 70, LOT 69 ARCADIA FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYMAN, RUTH 2692 NE HWY 70 LOT 726 ARCADIA FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARREN, ETHEL 2692 N.E. HIGHWAY 70, LOT 132 ARCADIA FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ELLEN 2692 NE HWY 70 LOT 111 ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary Hoikala 2692 N.E. HWY 70 LOT #46 Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President Robert Switzer 2692 N.E. Hwy 70 Lot #118 Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Frank Pierce 2692 N.E. HWY 70 Lot 441 Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sherry Lottin 2692 NE Hwy 70 Lot 510 Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Don Buechsenhuss 2692 N.E. HWY 70 Lot 657 Arcadia, FL 34266 <input checked="" type="checkbox"/> Change <input 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: *[Signature]* **REQUIRE** 4/14/01 863 993-2840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)