

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

0088255

03-25-2002 90006 010 ****61.25

DOCUMENT # N97000001075
 1. Entity Name
HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE COUNTRY CLUB, INC.

Principal Place of Business 2692 NE HWY 70 LOT #18 ARCADIA FL 34266	Mailing Address 2692 NE HWY 70 LOT #18 ARCADIA FL 34266
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2692 NE HWY 70 Suite, Apt. #, etc. Lot 441 City & State Arcadia, Fl.	3. Mailing Address 2692 NE HWY 70 Suite, Apt. #, etc. Lot 441 City & State Arcadia, Fl.
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4. FEI Number 59-3435745	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HOIKOLE, MARY
 2692 NE HWY 70
 LOT 46
 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 46**
 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* *Mary Hoikala* DATE: **3-5-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	P	<input type="checkbox"/> Delete
NAME	HOIKALA, MARY	
STREET ADDRESS	2692 NE HWY 70 LOT #46	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	MVP	<input type="checkbox"/> Delete
NAME	SWITZER, ROBERT	
STREET ADDRESS	2692 NE HWY 70 LOT #118	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIERCE, FRANK	
STREET ADDRESS	2692 NE HWY 70 LOT 441	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTLIN, SHARRY	
STREET ADDRESS	2692 NE HWY 70 LOT 510	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUECHSERSEHUSS, DON	
STREET ADDRESS	2692 NE HWY 70 LOT 557	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	2nd V. President	<input type="checkbox"/> Delete
NAME	Wyanda Mitchell	
STREET ADDRESS	2692 NE HWY 70 Lot 660	
CITY-ST-ZIP	Arcadia Fl. 34266	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Davidson	
STREET ADDRESS	2692 NE HWY 70 Lot 606	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold Fox	
STREET ADDRESS	2692 NE HWY 70 Lot 582	
CITY-ST-ZIP	Arcadia, Fl. 34266	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Lindsey	
STREET ADDRESS	2692 NE HWY 70 Lot 56	
CITY-ST-ZIP	Arcadia, Fl. 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* DATE: **3/4/02** DAYTIME PHONE #: **863-993-2840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)