

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90012 001 \*\*\*\*70.00

**DOCUMENT # N97000001503**

1. Entity Name

**SPORTSMAN'S VILLAGE PROPERTY OWNERS ASSOCIATION**

Principal Place of Business

SPORTSMAN VILLAGE  
 #1 DANIELS ROAD  
 MOORE HAVEN FL 33471  
 US

Mailing Address

C/O DIANA M. REBLE  
 603 BROAD COURT.. SO  
 NAPLES FL 34102  
 US

2. Principal Place of Business

3. Mailing Address

**SPORTSMAN'S VILLAGE POA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 455**

City & State

City & State

**MOORE HAVEN, FL**

Zip

Country

Zip

Country

**33471-0455**

**33471-0455**

4. FEI Number

**65-0743686**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REBLE, DIANA M  
 603 BROAD COURT, SO.  
 NAPLES FL 34102

Name

**DIANA M. REBLE**

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

**1 DANIELS ROAD, LOT #47**

City

**MOORE HAVEN**

FL

Zip Code

**33471**

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

*Diana M. Reble*

**DIANA M. REBLE**

**SEC/**

**TREASURER 4/3/2001**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REBLE, PAUL C 603 BROAD COURT S NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARRINGTON, JOHN 4300-22ND PLACE SW NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REBLE, DIANA M 603 BROAD COURT S NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOKE, KATHY 4300-22ND PLACE SW NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REBLE, PAUL C. 1 DANIELS ROAD, LOT 47 MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REBLE, DIANA M 1 DANIELS ROAD, LOT 47 MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

*Diana M. Reble*

**4/3/2001**

**863-946-3277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)