

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 29, 2000 8:00 am**
Secretary of State

06-29-2000 90397 022 ****69.00

DOCUMENT # N97000002188

1. Entity Name

SOUTH ELLENTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**503 MANATEE AVE
ELLENTON FL 34222****503 MANATEE AVE
ELLENTON FL 34222-2229**

2. Principal Place of Business

3. Mailing Address

3929 TIPPERARY CT**3929 TIPPERARY CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FLCity & State
Tallahassee, FL4. FEI Number
59-3449499Applied For
☐ Not ApplicableZip
32308Country
USAZip
32308Country
USA5. 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

**BENZING, ANITA
503 MANATEE AVE
ELLENTON FL 34222**Name
LEE BREYER
Street Address (P.O. Box Number is Not Acceptable)
3929 TIPPERARY COURT
City
Tallahassee FL Zip Code
32308

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

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 BENZING, ANITA 503 MANATEE AVE ELLENTON FL 34222	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAHL, MARGARET 519 PALM AVE ELLENTON FL 34222	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNTER, TONYA 508 PALM AVE ELLENTON FL 34222	<input checked="" 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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE BREYER 3929 TIPPERARY COURT TALLAHASSEE, FL 32308	<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	SD CAROL ANN BREYER 3929 TIPPERARY CT 32308 Tallahassee, FL	<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:

LEE BREYER President 4/20/2000 850-893-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)