

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003747

1. Entity Name

723 HOMEOWNERS ASSOCIATION AT STRAWBERRY RIDGE,

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90035 032 ****61.25

Principal Place of Business	Mailing Address
207 TAHO CIRCLE VALRICO FL 33594	207 TAHO CIRCLE VALRICO FL 33594-3568



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3458778	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, LEE L
 207 TAHO CIRCLE
 VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____

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 NAME	D GORECKI, DAVID <input type="checkbox"/> Delete
STREET ADDRESS	304 TAHO CIRCLE
CITY-ST-ZIP	VALRICO FL 33594
TITLE NAME	D LEWIS, LEE <input type="checkbox"/> Delete
STREET ADDRESS	207 TAHO CIRCLE
CITY-ST-ZIP	VALRICO FL 33594
TITLE NAME	D RANDELL, ROSE MARIE <input type="checkbox"/> Delete
STREET ADDRESS	125 STRAWBERRY RIDGE BLVD.
CITY-ST-ZIP	VALRICO FL 33594
TITLE NAME	D LANKITUS, JOYCE H <input type="checkbox"/> Delete
STREET ADDRESS	212 TAHO CIRCLE
CITY-ST-ZIP	VALRICO FL 33594
TITLE NAME	D TITUS, ELWOOD C <input checked="" type="checkbox"/> Delete
STREET ADDRESS	3506 WILDBERRY WAY
CITY-ST-ZIP	VALRICO FL 33594
TITLE NAME	T SAUNDERS, WALTER T <input type="checkbox"/> Delete
STREET ADDRESS	3519 ACTIVITIES LANE
CITY-ST-ZIP	VALRICO FL 33594

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	D RICHARD T. HORMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	279 TAHO CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE NAME	S LOIS HORMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	279 TAHO CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<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: Walter T. Saunders **WALTER T. SAUNDERS** 4-17-00 (813) 654-1665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)