2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90051 003 ****61.25

DOCUMENT # N97000003970

1. Entity Name

FISHHAWK RANCH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647	~~15310 AMBERLY DRIVE~~ ~~SUITE 310~~ ~~TAMPA FL 33647-2146~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3550 Buschwood Park Dr. Suite, Apt. #, etc. Suite 135
City & State	City & State Tampa, FL
Zip / Country	Zip 33618 / Country US

4. FEI Number 59-3478166 ☐ 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
~~GALARIS, SEAN~~ ~~% STERLING MGT~~ ~~1301 SEMINOLE BLVD #172~~ ~~LARGO FL 33770~~	Name Pete Williams Street Address (P.O. Box Number is Not Acceptable) 3550 Buschwood Park Dr. Suite 135 City Tampa FL Zip Code 33618

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 WHYTE, W D 15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STDV SMITH, KEVIN 15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GUIJARRO, TONY 15310 Amberly Dr. SUITE 310 TAMPA, FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALDSON, LORENA 15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Pete Williams 4.13.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #