2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N9700005075** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** HOMEOWNERS' ASSOCIATION OF WEST PALMETTO OAKS, I 03-01-2000 90042 025 ****70.00 Principal Place of Business Mailing Address 4906 STATE RD 64 E 4906 STATE RD 64 E **BRADENTON FL 34208-5529** BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0805530 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) UNDERHILL, WAYNE 4906 STATE RD 64 E **BRADENTON FL 34208** Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Defete TITLE TITLE UNDERHILL, WAYNE NAME STREET ADDRESS STREET ADDRESS 6685 CLARK ROAD CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP Addition SDV ☐ Delete TITLE ☐ Change TITLE UNDERHILL, MARY NAME NAME STREET ADDRESS STREET ADDRESS 6685 CLARK ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 ☐ Change Addition ☐ Delete TITLE TITLE UNDERHILL, LOIS L NAME NAME STREET ADDRESS STREET ADDRESS 6685 CLARK ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

deahill 2/21/00 941-744-0211 SIGNATURE