

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003041

1. Entity Name

HAPPY HILL ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5306 FOX HUNT DRIVE
WESLEY CHAPEL FL 33543

Mailing Address

5306 FOX HUNT DRIVE
WESLEY CHAPEL FL 33543-4245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3512068

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

NYE, BILL
5306 FOX HUNT DRIVE
WESLEY CHAPEL FL 33543

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

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	PVD	<input type="checkbox"/> Delete
NAME	NYE, BILL	
STREET ADDRESS	5306 FOX HUNT DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NYE, ANDREA	
STREET ADDRESS	5306 FOX HUNT DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NYE, MELISSA	
STREET ADDRESS	1110 S MILITARY TRAIL #1-305	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90037 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)