

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90395 040 ****61.25

DOCUMENT # N98000003041

1. Entity Name

Happy Hill Estates Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5306 Fox Hunt Dr

3. Mailing Address

5306 Fox Hunt Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Wesley Chapel, FL

City & State
Wesley Chapel, FL

4. FEI Number
59-3512068

Applied For
Not Applicable

Zip
33543

Country

Zip
33543

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Bill Nye

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

5306 Fox Hunt Dr.

City

Wesley Chapel

FL

Zip Code
33543

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 reinstalling)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 PVD
NAME Bill Nye
STREET ADDRESS 5306 Fox Hunt Dr
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME Andrea Nye
STREET ADDRESS 5306 Fox Hunt Dr
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Melissa Nye
STREET ADDRESS 1110 S Military Trail # 1-305
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Nye* **Bill Nye, :Pres** **4/30/02** 813-972-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)