

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90002 020 ****61.25

DOCUMENT # **7, N98000004104**
 1. Entity Name
HORTONS LANDING ADDN. PROPERTY OWNERS ASSN.


Principal Place of Business Mailing Address
840 LAKE JUNE RD
LAKE PLACID, FL. 33852

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

4. FEI Number **65-0908502** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C.E. "NEIL" BELLINGER
SEC. TREAS.
840 LAKE JUNE RD
LAKE PLACID, FL. 33852

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  **6/26/00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT
JOE MASONNA
869 LAKE JUNE RD
LAKE PLACID, FL. 33852
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VICE PRES
WAYNE ROSS
879 LAKE JUNE RD
LAKE PLACID, FL. 33852
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SEC. TREAS.
C.E. "NEIL" BELLINGER
840 LAKE JUNE RD
LAKE PLACID, FL. 33852

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ 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:  **June 26, 00 863-465-8144**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)