

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90197 024 ****61.25

DOCUMENT # N98000004587

1. Entity Name

HADLEY HABITAT VILLAGE HOMEOWNERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

225 W. KING ST.
ST. AUGUSTINE FL 32095

225 W. KING ST.
ST. AUGUSTINE FL 32095

2. Principal Place of Business

7 HOPKINS ST.

3. Mailing Address

7 HOPKINS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

City & State

ST. AUGUSTINE, FL,

4. FEI Number

59-3612838

Applied For

Not Applicable

Zip

32084

Country

ST. AUGUSTINE

Zip

32084

Country

ST. AUGUSTINE

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

ANDREWS, GAIL
1750 AIA S., STE. 6
ST. AUGUSTINE FL 32084

Name

ANGELA ROUSE

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

837 W. 15TH ST.

City

ST. AUGUSTINE

FL

Zip Code

32084

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

GAIL ANDREWS

ANGELA ROUSE

3/25/02

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	DP ANDREWS, GAIL 1750 AIA S., STE. 6 ST. AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST COOKE, WILLIAM 149 FERROL RD. ST. AUGUSTINE FL 32095	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CECCANESE, GEORGE R 328 MARSH POINT CIR. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANGELA ROUSE 837 W. 15TH ST. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PEDRO DE LEON 829 W. 15TH ST. ST. AUGUSTINE, FL. 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER CARTARA ELMORE 808 W. 15TH ST ST. AUGUSTINE, FL 32084 (APR 8-1-02)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LIZ KEARSE 841 W. 15TH ST. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

ANGELA ROUSE

3/25/02 (904)826-3252

Date

Daytime Phone #

CR2E037 (9/01)