

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90207 028 \*\*\*\*61.25

**DOCUMENT # N99000004045**

1. Entity Name

**EAGLE CREST HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

6362 8 AVENUE NORTH  
ST PETERSBURG FL 33710

Mailing Address

6362 8 AVENUE NORTH  
ST PETERSBURG FL 33710

2. Principal Place of Business

6368 7th Avenue N.

3. Mailing Address

6368 7th Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3602835

Applied For

Not Applicable

Zip

33710

Country

U.S.

Zip

33710

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, AMELIA C  
6362 8 AVENUE NORTH  
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Lisa Wolfson

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

6368 7th Avenue N.

City

St. Petersburg

FL

Zip Code

33710

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHRISTIAN,  
CITY-ST-ZIP 6362 8 AVENUE NORTH  
ST PETERSBURG FL 33710

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LUBIN, LANCE  
CITY-ST-ZIP 6135 8 AVENUE NORTH  
ST PETERSBURG FL 33710

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JONES, DENNIS  
CITY-ST-ZIP 6500 9 AVENUE NORTH  
ST PETERSBURG FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME V  
STREET ADDRESS Amelia Christian Thompson  
CITY-ST-ZIP 6362 8th Avenue N.  
St. Petersburg, FL 33710

TITLE ☐ Change ☒ Addition  
NAME P  
STREET ADDRESS Lisa Wolfson  
CITY-ST-ZIP 6368 7th Avenue N.  
St. Petersburg, FL 33710

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS Linda Beers  
CITY-ST-ZIP 6090 7th Avenue N.  
St. Petersburg, FL 33710

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Heidi Sumner  
CITY-ST-ZIP 601 64th Street N.  
St. Petersburg, FL 33710

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA WOLFSON

Date

4-4-01

Daytime Phone #

727-898-4929

CR2E037 (10/00)