

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90135 006 \*\*\*\*61.25

010145



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N99000004726**

1. Entity Name

**CATHEDRAL OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1901 HWY A1A, STE 4  
INDIAN HARBOUR BEACH FL 32937****1901 HWY A1A, STE 4  
INDIAN HARBOUR BEACH FL 32937-3526**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**CLARK, H.L. III  
1901 HWY A1A, STE 4  
INDIAN HARBOUR BEACH FL 32937**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, H.L. III</b>	
STREET ADDRESS	<b>1901 HWY A1A, STE 4</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, BRIAN D</b>	
STREET ADDRESS	<b>1901 HWY A1A, STE 4</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, CAROL H</b>	
STREET ADDRESS	<b>1901 HWY A1A, STE 4</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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 another IRO empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Feb 8, 2000

321-777-3300