

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90200 034 ****61.25

DOCUMENT # N99000004988

1. Entity Name

NATIONAL VILLAGE/ TIMBER PINE HOMEOWNERS ASSOCIA

Principal Place of Business

1901 W. 23RD ST.
 RIVIERA BEACH FL 33404-1810

Mailing Address

1901 W. 23RD ST.
 RIVIERA BEACH FL 33404-1810

B0059567

2. Principal Place of Business

P.O. Box 11601
Riviera Beach, Florida
 City & State

3. Mailing Address

P.O. Box 11601
Riviera Beach, Florida
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEONARD, WARRIE D
1901 W. 23RD ST.
RIVIERA BEACH FL 33404-1810

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

WARRIE D. LEONARD, Warrie Leonard, 7/06/01

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	PD	<input type="checkbox"/> Delete
NAME	LEONARD, WARRIE D	
STREET ADDRESS	1901 W 23RD ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WOODSIDE, DAVID	
STREET ADDRESS	2641 W 28TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CROCKAM, BLANCA	
STREET ADDRESS	2356 Z AVE	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	MAYFIELD, CHARISSE	
STREET ADDRESS	2650 W 28TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILSON, BARBARA	
STREET ADDRESS	2612 W 28TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARISSE MAYFIELD	
STREET ADDRESS	2650 W. 28 Street	
CITY-ST-ZIP	RIVIERA BEACH, FLORIDA 33404	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONDRA MORRIS	
STREET ADDRESS	1805 West 26th Street	
CITY-ST-ZIP	RIVIERA BEACH, FLORIDA 33404	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVERNE, FRANKIE	
STREET ADDRESS	2647 West 28th Street	
CITY-ST-ZIP	RIVIERA BEACH, FLORIDA 33404	
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 all other like empowered.

SIGNATURE

Warrie Leonard, President, 7/06/01

564-848-3615

CR2E037 (10/00)