2000 UNIFORM BUSINESS REPORT (UBR)

4/14/1

FILED
Jul 05, 2000 8:00 am
Secretary of State
04-18-2000 90801 008 ****61.25

DOCUMENT # N99000005243

1. Entity Name

PRINCE OF PEACE VILLAS RESIDENT ASSOCIATION, INC

Principal Place of Business	Mailing Address
664 SO. NOVA RD.,BLDG.1 UNIT ~~116~~ 213 ORMOND BEACH FL 32174	664 SO. NOVA RD.,BLDG.1 UNIT ~~116~~ 213 ORMOND BEACH FL 32174-6966

[redacted]

DO NOT WRITE IN THIS SPACE

EIN #

2. Principal Place of Business	3. Mailing Address
Prince of Peace Villas	664 S. Nova Rd.
Suite, Apt. #, etc. ~~116~~ 213	Suite, Apt. #, etc.
City & State Ormond Beach	City & State FL
Zip 32174 Country Volusia	Zip Country

4. FEI Number 59-2229505 ☒ Applied For ☐ Not Applicable

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
~~Don Miller~~ SHANNON, THERESA SHANNON, THERESA 664 SO. NOVA RD.,BLDG.1 UNIT ~~116~~ 213 ORMOND BEACH FL 32174	Name DON R. MILLER Street Address (P.O. Box Number is Not Acceptable) 664 S. NOVA Rd. APT 213 City ORMOND BEACH FL Zip Code 32174

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: X Theresa A Shannon / Don R. Miller Pres. 3/8/00 5/15/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	President - Director, Chairman Don R. Miller 664 S. Nova Rd. # 213 Ormond Beach, FL 32174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President - Director Louise P. Bobbitt 664 S. Nova Rd # 119 Ormond Beach, FL 32174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Martha M. Swoopes 664 S. Nova Rd # 206 Ormond Beach, FL 32174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Louise P. Bobbitt 664 S. Nova Rd. # 119 Ormond Beach, FL 32174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Theresa Shannon 664 S. Nova Rd. # 116 Ormond Beach, FL 32174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Martha M. Swoopes (Martha M. Swoopes) Sec'y 3/7/00 904/673-0172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #