

2000 UNIFORM BUSINESS REPORT (UBR)

5/17/01

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-17-2000 90909 032 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000006270

1. Entity Name
THE HOMEOWNERS' LEAGUE AT PONTE VEDRA BY THE SEA

Principal Place of Business
**4 SAWGRASS VILLAGE STE 130A
PONTE VEDRA BEACH FL 32082**

Mailing Address
**P.O. BOX 2474
PONTE VEDRA BEACH FL 32004-2474**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

4. FFL Number
59-3607617

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MASON, KENNETH B
4 SAWGRASS VILLAGE STE 130A
PONTE VEDRA BEACH FL 32082**

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
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCOTT RYNEARSON 408 SEA SPRAY LANE PONTE VEDRA FL 32082 <input type="checkbox"/> Delete <input checked="" type="radio"/> (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROY SCIACCA 38 SEA WINDS LA E PONTE VEDRA FL 32082 <input type="checkbox"/> Delete <input checked="" type="radio"/> (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KENNETH B MASON 16 SEA WINDS LA E PONTE VEDRA FL 32082 <input type="checkbox"/> Delete <input checked="" type="radio"/> (D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CAROL G. MASON 16 SEA WINDS LA E PONTE VEDRA FL 32082 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.

SIGNATURE: **Kenneth B. Mason** **KENNETH B. MASON** 4/28/00 904 273 8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)