

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

09-03-2003 90022 016 ***150.00

0014284 AV

DOCUMENT # P02000030284

1. Entity Name

FLORIDA ASSOCIATION OF HOMEOWNERS, INC.



Principal Place of Business

**5519 WESTFIELD ST.
ORLANDO FL 32808**

Mailing Address

**5519 WESTFIELD ST
ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1468305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RICK, O'DNEAL L
110 ELDERBERRY LANE
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **Courtney Smith**

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

5519 Westfield St

City

Orlando

FL

Zip Code

32808

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Courtney Smith

8/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SMITH, COURTNEY**
STREET ADDRESS **5519 WESTFIELD ST.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **V** ☒ Delete
NAME **O'DNEAL, RICK L**
STREET ADDRESS **110 ELDERBERRY LANE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **S** ☐ Delete
NAME **SMITH, ORLEEN**
STREET ADDRESS **5519 WESTFIELD ST.**
CITY-ST-ZIP **ORLANDO FL 32808**

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 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 607, 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:

Courtney Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

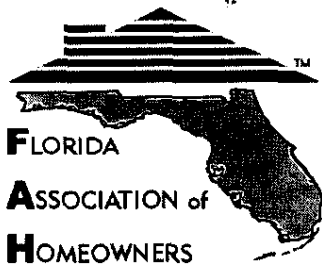
8/28/03

Date

407-445-8699

Daytime Phone #

CR2E034 (4/03)



P.O. Box 681179
Orlando, FL 32868-1179

Ph: 407-445-8699
Fax: 407-445-8740

Visit our Website:
<http://www.fah.net>

If you're a homeowner, you belong!

Attachment

90153860

P02000030284

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

August 28, 2003

To whom it may concern:

On the instruction of your office, enclosed is check # 3775 for the amount of \$150.00 as filing fee for 2003 UBR. As I explained in my call to your office today, I did not receive the first UBR notice for 2003. Thank you.

Sincerely,

Courtney Smith
Courtney Smith