

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017802

1. Entity Name

HOMEOWNERS ASSOCIATION DIRECTORIES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90084 041 ***158.75

Principal Place of Business

Mailing Address

6606 NEWPORT LAKE CIRCLE
BOCA RATON FL 33496-3001

6606 NEWPORT LAKE CIRCLE
BOCA RATON FL 33496-3001

2. Principal Place of Business

21301 Powerline Road

3. Mailing Address

P.O. Box 272889

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton

4. FEI Number

65-0905974

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LALIBERTE, GERARD O
6606 NEWPORT LAKE CIRCLE
BOCA RATON FL 33496-3001

7. Name and Address of New Registered Agent

Name

Gerard O. Laliberte

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

21301 Powerline Road

Suite 106

City

Boca Raton

FL

Zip Code

33433-9952

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 Gerard O. Laliberte

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

(NOTE: Registered Agent signature required when reinstating)

Jan 18, 2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Gerard O. Laliberte ☐ Delete
NAME President - Secretary
STREET ADDRESS 21301 Powerline Rd. Suite 106
CITY-ST-ZIP Boca Raton, FL 33433

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerard O. Laliberte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

(561) 395-3980

Daytime Phone #

CR2E034 (9/99)