

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90023 008 \*\*\*150.00

**DOCUMENT # H54419**

1. Entity Name

**ISLE OF PALMS MOBILE HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

7400 46TH AVENUE NORTH  
 LOT 200  
 ST. PETERSBURG FL 33709  
 US

7400 46TH AVE N.  
 LOT 200  
 ST. PETERSBURG FL 33709-2548  
 US

00042000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2038191**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAKINS, ELMER**  
**7400 46TH AVE N L313**  
**ST PETERSBURG FL 33709**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P <input checked="" type="checkbox"/> Delete NAME: LYNCH, TOM STREET ADDRESS: 7400 46TH AVE. NORTH STE 313 CITY-ST-ZIP: ST PETERBURG FL	TITLE: R LOU VENTURA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: LOU VENTURA STREET ADDRESS: 7400 46TH AVE N L 416 CITY-ST-ZIP: ST. PETES FL 33709
TITLE: T <input type="checkbox"/> Delete NAME: THEOBALD, KEN STREET ADDRESS: 7400 46TH AVE. NORTH LOT CITY-ST-ZIP: ST PETERSBURG FL 33709	TITLE: T <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: KEN THEOBALD STREET ADDRESS: 7400 46TH AVE N 433 CITY-ST-ZIP: ST. PETES FL
TITLE: VP <input checked="" type="checkbox"/> Delete NAME: MAKIN, ELMER STREET ADDRESS: 7400 46TH AVE N L-141 CITY-ST-ZIP: ST PETERSBURG FL 33709	TITLE: V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DOROTHY HYDE STREET ADDRESS: 7400 46TH AVE N L 208 CITY-ST-ZIP: ST. PETES FL
TITLE: D <input type="checkbox"/> Delete NAME: VIELLETTE, BOB STREET ADDRESS: 7400 46TH AVE N L-158 CITY-ST-ZIP: ST PETERSBURG FL	TITLE: D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: BOB VIELLETTE STREET ADDRESS: 7400 46TH AVE N LOT 158
TITLE: D <input checked="" type="checkbox"/> Delete NAME: MCMAHON, BETTY STREET ADDRESS: 7400 46TH AVE N CITY-ST-ZIP: ST PETERSBURG FL	TITLE: D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: TOM LYNCH STREET ADDRESS: 7400 46TH AVE N LOT 327
TITLE: S <input type="checkbox"/> Delete NAME: BALLORGEON, GLORIA STREET ADDRESS: 7400 46TH AVE N LOT 329 CITY-ST-ZIP: ST PETERSBURG FL 33709	TITLE: S <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SEC GLORIA BALLORGEON STREET ADDRESS: LOT 329

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:

SIGNATURE REQUIRED

Gloria Ballargeon SECRETARY

*Gloria Ballargeon*

727-541-3305

CR2E034 (9/99)