

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90052 026 ***150.00

DOCUMENT # K11038

1. Entity Name
NEW RANCH MOBILE HOME PARK HOMEOWNERS ASSOCIATIO

Principal Place of Business Mailing Address
2291 GULF-TO-BAY BLVD. **2291 GULF-TO-BAY BLVD.**
#125 **#125**
CLEARWATER FL 34625 **CLEARWATER FL 34625**



DO NOT WRITE IN THIS SPACE

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 **59-2982819** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, ROBERT
2291 GULF-TO-BAY
#125
CLEARWATER FL 34625

7. Name and Address of New Registered Agent

Name **ROBERT E. EHRICH**

Street Address (P.O. Box Number is Not Acceptable)
2291 GULF-TO-BAY, LOT #138

City **CLEARWATER, FL** Zip Code **33765**

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 _____ (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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	COLLINS, ROBERT	
STREET ADDRESS	2291 GULF TO BAY BLVD., #125	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICKLESIMER, MARION	
STREET ADDRESS	2291 GULF-TO-BAY, #121	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHRICH, ROBERT E.	
STREET ADDRESS	2291 GULF TO BAY, #138	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRACEY, BETTY	
STREET ADDRESS	2291 GULF TO BAY BLVD., #107	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRACEY, JACK	
STREET ADDRESS	2291 GULF TO BAY BLVD., #107	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHARLTON, WILLIAM G	
STREET ADDRESS	2291 GULF-TO-BAY BLVD. #233	
CITY-ST-ZIP	CLEARWATER FL 33765	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JON P. VONDERAU	
STREET ADDRESS	2291 GULF-TO-BAY, LOT #129	
CITY-ST-ZIP	CLEARWATER, FL 33765	

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: Robert E. Ehrich 1-19-01 727 798 7796
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERT E. EHRICH, DIRECTOR

CR2E034 (10/00)