2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07712

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90011 012 ****61.25

1. Entity Name

HOMEOWNERS OF BAY PALMS M.H.P., INC.

Principal Place of Business	Mailing Address
25163 MARION AVENUE BOX 4 PUNTA GORDA FL 33950 US	25163 MARION AVENUE BOX 4 PUNTA GORDA FL 33950-4000 US

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 59-2498046 ☐ Applied For ☐ Not Applicable

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
WOTITZKY, EDW. 223 TAYLOR ST PUNTA GORDA FL 33950	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	SPENCER, LEN		NAME	Morris, JIM	
STREET ADDRESS	25163 MARION AVE LOT 37		STREET ADDRESS	25163 Marion Ave, Lot 22	
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRICE, EARL		NAME		
STREET ADDRESS	25163 MARION AVE, LOT 5		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRICE, EARL		NAME		
STREET ADDRESS	25163 MARION AVE., LOT #5		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	URBANEK, WILLIAM		NAME		
STREET ADDRESS	25163 MARION AVE. LOT 45		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CONNOLLY, RAY		NAME		
STREET ADDRESS	25163 MARION AV LOT 23		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAIN, NELDA L		NAME		
STREET ADDRESS	25163 MARION AVE, LOT 11		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP		

CR2E037 (9/99)

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: SIGNATURE REQUIRED Nelda L. Cain 2-15-2000 941-637-8297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #