

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07712

1. Entity Name

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

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90329 049 ****61.25

Principal Place of Business

25163 MARION AVENUE
BOX 4
PUNTA GORDA FL 33950
US

Mailing Address

25163 MARION AVENUE
BOX 4
PUNTA GORDA FL 33950
US

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MORRIS, JIM
25163 MARION AVE, LOT 22
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GRICE, EARL
25163 MARION AVE, LOT 5
PUNTA GORDA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRICE, EARL
25163 MARION AVE., LOT #5
PUNTA GORDA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Bob Merritt
25163 Marion Ave. Lot # 42
Punta Gorda, Fl. 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
URBANEK, WILLIAM
25163 MARION AVE. LOT 45
PUNTA GORDA FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNOLLY, RAY
25163 MARION AV LOT 23
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CAIN, NELDA L
25163 MARION AVE, LOT 11
PUNTA GORDA FL ☐ Delete

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

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 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:

Nelda L. Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01

941-637-8297

Date

Daytime Phone #

CR2E037 (10/00)