

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91509 039 \*\*\*\*61.25

**DOCUMENT # N11220**

1. Entity Name

**FLORAL PARK PROPERTY OWNERS' ASSOCIATION**

Principal Place of Business

Mailing Address

**% EVELYN HIGHT  
 2690 CAMBRIDGE RD  
 LANTANA FL 33462**

**% EVELYN HIGHT  
 2690 CAMBRIDGE RD  
 LANTANA FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2259689**

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

**HIGHT, EVELYN N.  
 6711 WESTVIEW DR  
 LANTANA FL 33462**

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	<b>P</b> <b>LORE, CHARLES</b> <b>2690 CAMBRIDGE RD</b> <b>LANTANA FL 33462</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HARE, JACK</b> <b>2690 CAMBRIDGE RD</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PIERCE, SANDRA</b> <b>2690 CAMBRIDGE RD</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIUM, GLADYS</b> <b>2690 CAMBRIDGE RD</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LARSEN, LAURA J</b> <b>2690 CAMBRIDGE RD</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LESTER, MARTIN</b> <b>2690 CAMBRIDGE RD</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PPPT</b> <b>STRONG, M. E.</b> <b>2690 Cambridge Rd.</b> <b>Lantana, FL 33462</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HIGHT, EVELYN</b> <b>2690 Cambridge Rd.</b> <b>Lantana, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cornutt, Kathy</b> <b>2690 Cambridge Rd.</b> <b>Lantana, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEBNER, TOM</b> <b>2690 Cambridge Rd.</b> <b>Lantana, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICKERSON, RICKY</b> <b>2690 Cambridge Rd.</b> <b>Lantana, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (560) 965-7371  
 Date Daytime Phone #

CR2E037 (9/01)