


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90134 007 \*\*\*\*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



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **THOMAS E. PIERCE**

Street Address (P.O. Box Number is Not Acceptable)  
**6579 EASTVIEW DR**

City **LANTANA**      FL      Zip Code **33462**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas E. Pierce*      **THOMAS E. PIERCE**      **4/19/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARLOW, TOM</b>	
STREET ADDRESS	<b>2690 CAMBRIDGE RD.</b>	
CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOLKER, JIM</b>	
STREET ADDRESS	<b>2690 CAMBRIDGE RD.</b>	
CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRERICHS, SHEELIN</b>	
STREET ADDRESS	<b>2690 CAMBRIDGE RD.</b>	
CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIERCE, TOM</b>	
STREET ADDRESS	<b>2690 CAMBRIDGE RD.</b>	
CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRONG, JACK</b>	
STREET ADDRESS	<b>2690 CAMBRIDGE RD.</b>	
CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTHERIE, MIKE</b>	
STREET ADDRESS	<b>2690 CAMBRIDGE RD.</b>	
CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	

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: *Thomas E. Barlow*      **THOMAS E. BARLOW**      **April 14, 03**      561 7226011

(Continued)

CR2E037 (10/02)

# Attachment#

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)  
FLORAL PARK PROPERTY OWNERS' ASSOCIATION

111220

11. D (X) Addition  
CORNUTT, KATHY  
2690 CAMBRIDGE RD.  
LANTANA, FL 33462
- D (X) Addition  
MORONEY, PAT  
2690 CAMBRIDGE RD.  
LANTANA, FL 33462
- D (X) Addition  
SPARKS, PENNY  
2690 CAMBRIDGE RD.  
LANTANA, FL 33462
- D (X) Addition  
SCHOCH, GARY  
2690 Cambridge Rd.  
LANTANA, FL 33462