

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N18532**

1. Entity Name

**FLORAL PARK, RANCH ESTATES & PONDEROSA HOMEOWNER
S ASSOCIATION, INC.**

Principal Place of Business

**5616 41ST STREET
VERO BEACH FL 32967**

Mailing Address

**5616 41ST STREET
VERO BEACH FL 32967**

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

59-2782414

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PEGG, ROBERT L.
1428 21ST STREET
VERO BEACH FL**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MCKINNEY, MARY B.	
STREET ADDRESS	5616 41ST STREET	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	☐ Delete
NAME	GIPSON, GODFREY	
STREET ADDRESS	4136 57TH COURT	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	☐ Delete
NAME	BROWN, MARGARET	
STREET ADDRESS	4115 57TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	D	☐ Delete
NAME	GIPSON, ROSA	
STREET ADDRESS	4155 57 ST.	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	☐ Delete
NAME	BARRINER, CHRISTINE	
STREET ADDRESS	4140 58 AV	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	D	☐ Delete
NAME	WILSON, LEONARD, A	
STREET ADDRESS	4205-57TH CT.	
CITY-ST-ZIP	VERO BCH. FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Mary B. McKinney **Mary B. McKinney-Director April 1, 2002 56-2-3941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90718 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)