

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-10-2003 90207 038 ****61.25

DOCUMENT # N20958

1. Entity Name

PARK FOREST OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**325 INDIAN RIVER LANE, STE. 2
ENGLEWOOD FL 34223**

**325 INDIAN RIVER LANE, STE. 2
ENGLEWOOD FL 34223**

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 **59-2810828**

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

**BECKER & POLIAKOFF, P.A.
C/O LISA WOLNER
680 SO. ORANGE AVE.
SARASOTA FL 34230**

Name

Chad M. McClenathen, Esq.

Street

**Hankin, Persson, Davis, McClenathen &
Darnell**

1820

Ringling Boulevard

City

Sarasota FL 34236

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

SIGNATURE

Signature of officer or director of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | BOTTLES, JUDITH | |
| STREET ADDRESS | 253 PARK FOREST BLVD | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | WIND, ANDREW | |
| STREET ADDRESS | 413 BLUE SPRINGS CT | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, MICHAEL J | |
| STREET ADDRESS | 573 INTERSTATE BLVD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BROWER, RONNIE | |
| STREET ADDRESS | 409 BLUE SPRINGS COURT | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | OBRIEN, ANNE | |
| STREET ADDRESS | 341 FALLINGWATERS LA | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KRUM, DAVID E | |
| STREET ADDRESS | 212 PARK FOREST BLVD | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John P. Hennessey | |
| STREET ADDRESS | 296 Park Forest Blvd. | |
| CITY-ST-ZIP | Englewood FL 34223 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Phillip G. Howell | |
| STREET ADDRESS | 404 Blue Springs Court | |
| CITY-ST-ZIP | Englewood FL 34223 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Charles J. Sapiano | |
| STREET ADDRESS | 512 Wakiva River Court | |
| CITY-ST-ZIP | Englewood FL 34223 | |

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:

REQUIRED Anne O'Brien President 2/5/03 473-4074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)