

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-25-2002 90027 010 ****61.25

DOCUMENT # N25532

Entity Name
BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O MILDRED MOORE KAY WEBSTER
3290 W PARKVILLE ST LOT #24
LECANTO FL 34461-7914
US

23480



2. Principal Place of Business 3. Mailing Address
90 KAY WEBSTER
3290 W. Parkville St. #24
LECANTO FL

DO NOT WRITE IN THIS SPACE

City & State Zip Country
LECANTO FL 34461-7914 US

4. FEI Num. **59-2891437**
 Applied For Not Applicable
 5. Certificate of Status Desired **75** Additional Fee Required

6. Name and Address of Current Registered Agent
JACKSON, JOYCE
3290 W PARKVILLE STREET
LOT#18
LECANTO FL 34461-7914

7. Name and Address of New Registered Agent
 Name **Joyce Jackson**
 Street Address (P.O. Box Number is Not Acceptable)
3290 W. PARKVILLE ST. #18
 City **LECANTO** FL Zip Code **34461-7914**

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 *Joyce A. Jackson* **3-12-02**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, JOYCE 3290 W PARKVILLE ST LOT 18 LECANTO FL 34461-7914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VARVARWECZ, RICHARD 3290 W PARKVILLE ST LOT 9 LECANTO FL 34461-7914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, MILDRED 3290 W PARKVILLE ST LOT #10 LECANTO FL 34461-7914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCEK, MICHA L 3290 W PARKVILLE ST LOT #25 LECANTO FL 34461-7914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGBLOOD, DAVID 3290 W PARKVILLE ST LECANTO FL 34461-7914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AURIN, WALTER 3290 W PARKVILLE ST LOT #17 LECANTO FL 34461-7914 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEANNA DUNN 3290 W PARKVILLE ST #15 LECANTO FL 34461-7914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAY WEBSTER 3290 W. PARKVILLE ST. #24 LECANTO FL 34461-7914 <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)(l), 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: *Joyce A. Jackson* **3-12-02** **352-527-9382**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CFR2037 (9/01)

Attachment



N25532

23480

11. (Con't)

Title:	D	X Addition
Name:	Richard Dunn	
Street Address:	3290 W. Parkville Street, #15	
City-St-Zip:	Lecanto FL 34461-7914	

Title:	D	X Addition
Name:	Ramona Tomlin	
Street Address:	3290 W. Parkville Street, #6	
City-St-Zip:	Lecanto FL 34461-7914	
