

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

FILED
Aug 29, 2002 8:00 am
Secretary of State

07-17-2002 90127 002 ****70.00

DOCUMENT # *N36500*

1. Entity Name
Enchanted Grove Mobile Home Owners Assoc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5137 N. Scenic Hwy

3. Mailing Address
5137 N Scenic Hwy

Suite, Apt. #, etc

Lot 32

Suite, Apt. #, etc

Lot 32

City, State
Lake Wales, FL

City, State
Lake Wales, FL

4. FEI Number

59-3040746

Applied For

Not Applicable

Zip
33859

Country
USA

Zip
33859

Country
USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Allison Wilson

5137 N. Scenic Hwy Lot 32

Lake Wales

FL

33859

**DO NOT WRITE
IN THIS SPACE**

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

Allison Wilson, Pres.

8-20-02

**FEE IS \$61.25
Initial or Amended UBR**

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-STATE-ZIP
*President
Allison Wilson
5137 N Scenic Hwy Lot 32
Lake Wales, FL 33859*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*V. Pres
Richard Coulombe
5137 N Scenic Hwy Lot 32
Lake Wales, FL 33859*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*Debra Gerhke - Sec. - Treas.
5137 N. Scenic Hwy Lot 35
Lake Wales, FL - 33859*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*Gary Lambert - Brd member
5137 N. Scenic Hwy Lot 38
Lake Wales, FL 33859*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*Brd. Member
Ken Berggren
5137 N. Scenic Hwy Lot 25
Lake Wales, FL 33859*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Allison Wilson

Allison Wilson

8/29/02

863

439-2745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037B (12/01)

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

7/17

Attachment
98671

DOCUMENT #

N36509

1. Entity Name

Enchanted Grove Mobile Home Owners Assoc.
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5137 N. Scenic Hwy.

3. Mailing Address

P.O. Box 653

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

Lake Wales

City & State

Waverly

33859

USA

33877

Country

USA

4. FEI Number

59-3040746

Applicable or

Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Allison Wilson

P.O. Box 653

Waverly, FL 33877-0653

City

FL

Zip Code

DO NOT WRITE
IN THIS SPACE

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

Allison Wilson, Pres.

7-11-02

FEE IS \$81.25
Initial or Amended UBR9. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

President
Allison Wilson
5137 N. Scenic Hwy.
P.O. Box 653
Waverly, FL 33877-0653

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V-Pres.
Richard Coulombe
5137 N. Scenic Hwy.
P.O. Box 653
Waverly, FL 33877-0653

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Debra Gerhake
5137 N. Scenic Hwy.
Lot 15
Lake Wales, FL 33859

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Gary Lambert
5137 N. Scenic Hwy.
Lot 42
Lake Wales, FL 33859

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Kon Bergman
5137 N. Scenic Hwy.
Lot 25
Lake Wales, FL 33859

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 the same appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allison Wilson

Allison Wilson

803-439-2745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR, OFFICER OR DIRECTOR

Date

Daytime Phone

CR20378 (12/01)

295025

உதாரணம்: