

DOCUMENT # NY2000000802

1. Entity Name

SOUTHEAST AREA MOTOR HOME ASSOCIATION, INC.

FILED

00 FEB 25 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

16371 RUNWAY DR
BROOKSVILLE FL 34609
US

Mailing Address

P.O. BOX 15304
BROOKSVILLE FL 34609-0116
US

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

59-3155764

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALLOY, PAT
5013 MOUNT OLIVE SHORES CT.
POLK CITY FL 33868-9311

7. Name and Address of New Registered Agent

Name

MARY E. LAWLER

Street Address (P.O. Box Number is Not Acceptable)

16371 RUNWAY DRIVE

City

BROOKSVILLE,

FL

Zip Code

34609

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

Mary E. Lawler, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/2000

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	MALLOY, PAT	
STREET ADDRESS	5013 MOUNT OLIVE SHORES CT.	
CITY-ST-ZIP	POLK CITY FL 33868-9311	
TITLE	D	☒ Delete
NAME	BRABAND, WALTER	
STREET ADDRESS	11100 86TH AVE N APT 106	
CITY-ST-ZIP	SEMINOLE FL 34842	
TITLE	D	☒ Delete
NAME	MICHAUD, BRUCE	
STREET ADDRESS	16371 RUNWAY DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	T/O	☐ Delete
NAME	STEDMAN, DON	
STREET ADDRESS	195 WILINDA	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☐ Change ☒ Addition
NAME	MARY E. LAWLER	
STREET ADDRESS	16371 RUNWAY DRIVE	
CITY-ST-ZIP	BROOKSVILLE, FL 34609	
TITLE	SR. V.P.	☐ Change ☒ Addition
NAME	PAUL HORNING	
STREET ADDRESS	8785 County Rd. 476W	
CITY-ST-ZIP	Bushnell, FL 33513	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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:

DONALD C. STEDMAN

DONALD C. STEDMAN 1-12-00 407-254-1073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)