

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90103 021 ***61.25

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

DOCUMENT # N93000002792			
1. Entity Name TALL OAKS MOBILE HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 525 BAREFOOT WILLIAMS RD #002-001 NAPLES, FL 34113 US		Mailing Address 525 BAREFOOT WILLIAMS RD #002-001 NAPLES, FL 34113 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 001	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0419990		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALVES, VIRGIL 525 BAREFOOT WILLIAMS RD #173 NAPLES, FL 34113		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Virgil Alves, Pres</i></u> <u><i>Virgil Alves</i></u> <u><i>3-9-03</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when submitting) DATE			
FILE NOW FREE (S 201-22)		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVES, VIRGIL 525 BAREFOOT WILLIAMS RD #173 NAPLES, FL 34113 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCQUADE, FRANK 525 BAREFOOT WILLIAMS RD #163 NAPLES, FL 34113 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDY, THERESA M 525 BAREFOOT WMS RD #165 NAPLES, FL 34113 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUFFY, CAROL ANN 525 BAREFOOT WMS RD #114 NAPLES, FL 34113 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 the empowered. SIGNATURE: <u><i>Theresa M Goldy</i></u> <u><i>Theresa M Goldy, Treasurer</i></u> <u><i>239</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR <u><i>732-9348</i></u> Cell Daytime Phone #			

OFF2037 (10/02)