

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90043 042 \*\*\*\*61.25

DOCUMENT # N95000001188

1. Entity Name

**PALM HAVEN MOBILE HOME OWNERS ASSOCIATION INC.**

Principal Place of Business	Mailing Address
3301 58TH AVE. NORTH #139 ST. PETERSBURG FL 33714	3301 58TH AVE. NORTH #139 ST. PETERSBURG FL 33714-1339



DO NOT WRITE IN THIS SPACE

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	Applied For
<b>59-3306975</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MOUND, L**  
**3301 59TH AVE N**  
**455**  
**ST PETE FL 33714**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOUND, L	
STREET ADDRESS	3301-58TH AVE., NORTH, #205	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KNOTT, W	
STREET ADDRESS	3301 58TH AVENUE NORTH, #313	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACFARLAND, VIVIAN	
STREET ADDRESS	3301-58TH AVE 143	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALNON, JOHN	
STREET ADDRESS	3301-58TH AVE. #355	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOLES, GERALD	
STREET ADDRESS	3301-58TH AVE. NORTH, #237	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Calnon DATE: 2-11-00 DAYTIME PHONE #: 737-528-1977

CR2E037 (9/99)