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

DOCUMENT # N9900005965

RUSH PARK WEST OWNERS ASSOCIATION, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90255 032 ****61.25

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Principal Place of Business		Mailing Address							
459 WEST PARK DRIVE MARY ESTHER FL 32569		PO BOX 925 MARY ESTHER FL 32569							
	Place of Business	3. Mailing Address							
455 RUSH PARK CIR						ine Lenit Bank Gehit Bakhi I	(B)(1)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State			4. FEI Number 59-3439302 Applied For			
MARY ESTHER FL					4. 1 5.11401110ei 95	F3439302		pplied For lot Applicable	
Zip 3256	Country OKALOOSA	Zip	Country		5. Certificate of St.	atus Desired	\$8.75 Ad	Iditional	
	6. Name and Address of Curren	t Registered Agent			7. Name and Add	ress of New Regist	Fee Require	30	
			Name				J. Od Agont		
	AIN, KENNETH R		Street	Address (P.	P.O. Box Number is Not Acceptable)				
	VARRE PKWY		5501			vot Acceptable)			
	E FL 32566								
	•		City			<u> </u>	FL Zip Coo	de	
8. The above	e named entity submits this statement f	or the purpose of changing its r	registered office	or registered	agent, or both, in t	the State of Florida.	I am familiar with.	and accept	
the obliga	ations of registered agent.				-				
CICNIATURE	• •								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signa	ature required wh	en reinstation)	·	DATE		
· · ·		,,,,,,,,		CLOTO TOQUINOS WIT	errienstating)		AIE	,,,	
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	◆ OFFICERS AND DI	RECTORS	11,	AD	I	S TO OFFICERS AN	ID DIRECTORS IN	10	
TITLE	D	> Delete	TITLE	P			Change	☐ Addition	
NAME	STEELE, YVONNE		NAME		TA, CAROL		Z onango	, riddition	
STREET ADDRESS CITY-ST-ZIP	459 WEST PARK DRIVE		STREET ADDRESS		Rust PARK CIR				
	MARY ESTHER FL 32569 SD		CITY-ST-ZIP	MARY	ESTHER	FL 3256	. 9		
TITLE NAME	JORDAN, JEAN	Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	451 W. PARK DR.	•	NAME STREET ADDRESS						
CITY-ST-ZIP	MARY ESTHER FL 32569		CITY-ST-ZIP-"			a sametra a, s			
TITLE	TD	Delete	TITLE	TP		*,	Change	Addition	
NAME	RATHKE, CHUCK	~	NAME		IBARRA		Griange	Addition	
STREET ADDRESS	3				EST PARK			ĺ	
CITY-ST-ZIP	MARY ESTHER FL 32569		CITY-ST-ZIP	MARY	ESTHER 1	1 32569			
ritle Name	PD Labatte, Dennis A	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	455 RUSH PARK CIR.		NAME STREET ADDRESS				•		
CITY-ST-ZIP	MARY ESTHER FL 32569		CITY-ST-ZIP				*		
TITLE	VD	Delete	TITLE	מע					
NAME	VELDKAMP, BEREND	Delete	NAME	TERRI	MEFARLA	- 01	☐ Change	Addition	
STREET ADDRESS 467 WEST PARK DR			STREET ADDRESS	464	Rush PAR	K eir			
CITY-ST-ZIP	MARY ESTHER FL 32569		CITY-ST-ZIP	MARY	ESTHER	FL 325	69		
TLE		☐ Delete	TITLE	[☐ Change	Addition	
IAME STREET ADDRESS			NAME						
מחתרו אחחעניים	•		STREET ADDRESS]				Į.	

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.

CITY-ST-ZIP

SIGNATURE:

REJEAN M. JURDAN