

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90184 026 ****61.25

DOCUMENT # N20958

1. Entity Name

PARK FOREST OWNERS ASSOCIATION, INC.

Principal Place of Business

325 INDIAN RIVER LANE. STE. 2
ENGLEWOOD FL 34223

Mailing Address

325 INDIAN RIVER LANE. STE. 2
ENGLEWOOD FL 34223

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

59-2810828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BECKER & POLIAKOFF, P.A.
C/O LISA WOLINER
680 SO. ORANGE AVE.
SARASOTA FL 34230

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME BOTTLES, JUDITH
STREET ADDRESS 253 PARK FOREST BLVD
CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☒ Change ☐ Addition
NAME David E. Krum
STREET ADDRESS 212 Park Forest Blvd.
CITY-ST-ZIP Englewood FL 34223

TITLE D Vice President ☐ Delete
NAME WIND, ANDREW
STREET ADDRESS 413 BLUE SPRINGS CT
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☒ Change ☐ Addition
NAME Ronnie Brower
STREET ADDRESS 409 Blue Springs Court
CITY-ST-ZIP Englewood FL 34223

TITLE D ☐ Delete
NAME JOHNSON, MICHAEL J
STREET ADDRESS 573 INTERSTATE BLVD
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BAUS, DONALD
STREET ADDRESS 235 PARK FOREST BLVD
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Resident ☐ Delete
NAME OBRIEN, ANNE
STREET ADDRESS 341 FALLINGWATERS LA
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HOLZNAGLE, FRANK
STREET ADDRESS 436 CYPRESS FOREST DR
CITY-ST-ZIP ENGLEWOOD FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-01 (941) 474-8676

CR2E037 (10/00)