

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90120 017 ***150.00

DOCUMENT # J63607

1. Entity Name
MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
6741 S. TAMiami TRAIL
SARASOTA FL 34231

Mailing Address
6741 S. TAMiami TRAIL
SARASOTA FL 34231



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2798064**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEPHEN H. KURVIN, ESQ.
7 SOUTH LIME AVENUE
SARASOTA FL 34237

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PRIB, LOUISE**
STREET ADDRESS **2093 GLENWOOD DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☐ Change ☒ Addition
NAME **Dolanch, Mary Lou**
STREET ADDRESS **2074 Detroit St**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **V** ☐ Delete
NAME **BURTON, GORDON**
STREET ADDRESS **2043 N NOBILE ESTATES DR**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **S** ☐ Change ☒ Addition
NAME **Sheely, Robert**
STREET ADDRESS **2080 S. Mobile Estates Dr**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **D** ☐ Delete
NAME **HODGSON, JOHN**
STREET ADDRESS **2107 TROTWOOD DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Change ☒ Addition
NAME **Simpson, Virginia**
STREET ADDRESS **2073 N. Mobile Estates Dr.**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **D** ☐ Delete
NAME **WESTON, MARJORIE**
STREET ADDRESS **2077 DETROITER STREET**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Change ☒ Addition
NAME **Barnes, Crit**
STREET ADDRESS **2134 Trotwood Dr.**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **S** ☐ Delete
NAME **CALLAHAN, RITCHIE**
STREET ADDRESS **2074 N MOBILE ESTATES DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Callahan, Ritchie**
STREET ADDRESS **2074 N. Mobile Estates Dr.**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **T** ☐ Delete
NAME **BURPEE, ALBERT**
STREET ADDRESS **2090 DETROITER ST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☒ Change ☐ Addition
NAME **Burpee, Albert**
STREET ADDRESS **2090 Detroit St.**
CITY-ST-ZIP **Sarasota, FL 34231**

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 607, 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 *Louise Prib*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/03

CR2E034 (10/02)

Attachment

90077684

J63607

Addition:

D

Moore, Linda.
2055 N. Mobile
Estates Dr
Sarasota, FL
34231