

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90139 025 ****61.25

DOCUMENT # 727619

1. Entity Name

WINWARD LAKES MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**6220 S DALE MABRY
TAMPA FL 33611
US**

Mailing Address

~~3703 YARDARM DR~~
**TAMPA FL 33611
US**

2. Principal Place of Business

3. Mailing Address

3709 BINNACLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

33611

Country

USA

4. FEI Number **59-2862189**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NAGEL, LENORA
3722 YARDARM DR
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name **ELEANOR PARSONS**

Street Address (P.O. Box Number is Not Acceptable)
3709 BINNACLE DR

City **TAMPA**

FL

Zip Code
33611

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 **ELEANOR PARSONS**

Eleanor Parsons

4/22/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **JENNESS, BART**
STREET ADDRESS **3716 BINACHE DRIVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **P** ☒ Change ☐ Addition
NAME **KRUSING, LEON**
STREET ADDRESS **3703 BINNACLE DR**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VP** ☒ Delete
NAME **BASTINE, EARL**
STREET ADDRESS **3706 ANCHOR DRIVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VP** ☒ Change ☐ Addition
NAME **JENNESS, BART**
STREET ADDRESS **3716 BINNACLE DR**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **S** ☒ Delete
NAME **BASTINGS, DONNA**
STREET ADDRESS **3706 ANCHOR DRIVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **S** ☒ Change ☐ Addition
NAME **WALDRON, INGRID**
STREET ADDRESS **3704 WINWARD LAKES DR**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **T** ☐ Delete
NAME **PARSONS, ELEANOR**
STREET ADDRESS **3709 BINNACLE DRIVE**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **BD** ☒ Delete
NAME **MILLS, WILLIAM**
STREET ADDRESS **3705 YARDARM DRIVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **BD** ☒ Change ☐ Addition
NAME **CHARLTON, PHYLLIS**
STREET ADDRESS **6214 COM PASS LN.**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **BD** ☒ Delete
NAME **ROBERTS, MAURICE**
STREET ADDRESS **3704 ANCHOR DRIVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **BD** ☒ Change ☐ Addition
NAME **FLETCHER, DOROTHY**
STREET ADDRESS **3704 YARDARM DR**
CITY-ST-ZIP **TAMPA FL 33611**

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: *Leon Krusing* **LEON KRUSING - PRES** **4-23-2003** **813/339-6403**

CR2E037 (10/02)