

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

9/10/2003-90058-028-\$61.25-\$61.25

0014597

DOCUMENT # 732874

1. Entity Name

PALMETTO MOBILE HOME PARK CIVIC ASSOCIATION OF C  
HARLOTTE HARBOR, INC.



03 SEP 22 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4135 KINGS HWY.  
STE 22  
PORT CHARLOTTE FL 33980  
US

Mailing Address

4135 KINGS HWY  
STE 22  
PORT CHARLOTTE FL 33980  
US

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 65-0083453

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

7. Name and Address of New Registered Agent

BAUER, JAMES E  
4135 KINGS HWY  
LOT #75  
PORT CHARLOTTE FL 33980

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

*Mary Lou Coutermarsh* U.P.

9/19/03

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  
After September 10, 2003, min will be \$236.25

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 PD  
NAME BAUER, JAMES E  
STREET ADDRESS 4135 KINGS HIGHWAY #75  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME THODE, NANETTE  
STREET ADDRESS 4135 KINGS HIGHWAY #2  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME COUTERMARSH, MARY LOU  
STREET ADDRESS 4135 KINGS HIGHWAY #128  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME FISHER, JUNE  
STREET ADDRESS 4135 KINGS HIGHWAY #119  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME POUDRIER, DONNIE  
STREET ADDRESS 4135 KINGS HIGHWAY #22  
CITY-ST-ZIP PT. CHARLOTTE FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 REQUIRED

*Mary Lou Coutermarsh* 9/19/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARY LOU COUTERMARSH

CR2E037 (4/03)