

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90001 038 ****61.25

DOCUMENT # 739161

1. Entity Name

SPANISH LAKES PARK ASSOCIATION OF NOKOMIS, INC.

Principal Place of Business

Mailing Address

**1340 TAMiami TRAIL
 NOKOMIS FL 34275**

**1340 TAMiami TRAIL
 NOKOMIS FL 34275**

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 **59-1965204**

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

**HARRIS, JOANN
 306 DESOTA ST.
 NOKOMIS, FL 34275**

Name **DORIS CALKINS**

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

205 SPANISH LK DR.

City **NOKOMIS** FL **34275**

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

Doris Calkins, Treasurer

1/11/02

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
 NAME **FLEMING, GERRY**
 STREET ADDRESS **315 DESOTO ST**
 CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **VPD** ☐ Delete
 NAME **TRENT, JOE**
 STREET ADDRESS **26 SAN CARLOS ST**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **DP** ☒ Change ☐ Addition
 NAME **TRENT, JOE**
 STREET ADDRESS **26 SAN CARLOS ST**
 CITY-ST-ZIP **NOKOMIS, FL**

TITLE **D** ☐ Delete
 NAME **SMITH, KEN**
 STREET ADDRESS **33 SIERRA VISTA ST**
 CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **D** ☐ Delete
 NAME **HICKOY, BILL**
 STREET ADDRESS **152 SANIBEL ST**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **HICKOX, BILL**
 STREET ADDRESS **152 SANIBEL**
 CITY-ST-ZIP **NOKOMIS, FL**

TITLE **D** ☒ Delete
 NAME **HARRIS, JO ANN**
 STREET ADDRESS **306 DESOTO STREET**
 CITY-ST-ZIP **NOKOMIS FL**

TITLE **T** ☐ Change ☒ Addition
 NAME **DORIS CALKINS**
 STREET ADDRESS **205 SPANISH LK DR**
 CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **DP** ☒ Delete
 NAME **SCOTT, DON**
 STREET ADDRESS **175 SANIBEL ST**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☐ Change ☒ Addition
 NAME **STOVER, HERMAN**
 STREET ADDRESS **170 SANIBEL**
 CITY-ST-ZIP **NOKOMIS, FL 34275**

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:

Doris Calkins **NOJIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 941-483-4633

Date

Daytime Phone #

CR2E037 (9/01)