

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90029 041 \*\*\*\*61.25

**DOCUMENT # 739190**  
 1. Entity Name  
**PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOC**

Principal Place of Business <b>215 HOLIDAY PARK BLVD., N.E. PALM BAY FL 32907</b>	Mailing Address <b>215 HOLIDAY PARK BLVD., N.E. PALM BAY FL 32907</b>
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2. Principal Place of Business <b>SAME AS ABOVE</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1778604</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**Walsh**  
**HAASE, GLORIA**  
**405 HOLIDAY PK BLVD NE**  
**PALM BAY FL 32907**

*NAME CHANGE thru marriage*

7. Name and Address of New Registered Agent  
 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.

SIGNATURE *Gloria Walsh* *Treasurer* **02-20-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WAISH</b> <b>HAASE, GLORIA</b> <b>405 HOLIDAY PK. BLVD.N.E.</b> <b>PALM BAY FL 32907</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARD BEELEY</b> <i>Ed Pinho</i> <input checked="" type="checkbox"/> Delete <b>1175 GREENVIEW CT.</b> <b>PALM BAY FL 32907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HICKS, JAMES</b> <input checked="" type="checkbox"/> Delete <b>316 HOLIDAY PARK BV NE</b> <b>PALM BAY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PINARD, SHIRLEY</b> <input type="checkbox"/> Delete <b>1043 MOONLIGHT CT, NE</b> <b>PALM BAY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NAME CHANGE on Treasurer thru marriage</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ed Pinho</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>173 Holiday Pk. Blvd. Director</b> <b>Palm Bay, Fl. 32907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Berniae Knight</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Blossom Ct. Director</b> <b>Palm Bay, Fl. 32907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gloria Walsh (formerly Haase)* **02-20-01 725-6498**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)