

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90058 039 \*\*\*\*61.25

**DOCUMENT # 739190**

1. Entity Name

**PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**215 HOLIDAY PARK BLVD., N.E.  
 PALM BAY FL 32907**

**215 HOLIDAY PARK BLVD., N.E.  
 PALM BAY FL 32907**

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

**59-1778604**

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

~~WALSH, GLORIA~~

~~405 HOLIDAY PK BLVD NE  
 PALM BAY FL 32907~~

**DENTON, DORISE  
 1181 NE SEMINOLE CT  
 PALM BAY FL 32907**

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

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          | T                         | <input checked="" type="checkbox"/> Delete |
| NAME           | WALSH, GLORIA             |                                            |
| STREET ADDRESS | 405 HOLIDAY PK. BLVD.N.E. |                                            |
| CITY-ST-ZIP    | PALM BAY FL 32907         |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | PINTO, ED                 |                                            |
| STREET ADDRESS | 173 HOLIDAY PK BLVD       |                                            |
| CITY-ST-ZIP    | PALM BAY FL 32907         |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | KNIGHT, BERNICE           |                                            |
| STREET ADDRESS | BLOSSOM COURT             |                                            |
| CITY-ST-ZIP    | PALM BAY FL 32907         |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | PINARD, SHIRLEY           |                                            |
| STREET ADDRESS | 1043 MOONLIGHT CT, NE     |                                            |
| CITY-ST-ZIP    | PALM BAY FL               |                                            |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-ST-ZIP    |                           |                                            |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-ST-ZIP    |                           |                                            |

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | CHAIRMAN                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JEAN S. Beach             |                                                                              |
| STREET ADDRESS | 1090 Moonlight Ct, 32907  |                                                                              |
| CITY-ST-ZIP    | PALM BAY, FLA.            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          | TREASURER                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | DORIS E. DENTON           |                                                                              |
| STREET ADDRESS | 1181 NE SEMINOLE CT.      |                                                                              |
| CITY-ST-ZIP    | PALM BAY, FL 32907        |                                                                              |
| TITLE          | ASSIST. TREAS.            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BARBARA DUFREUX           |                                                                              |
| STREET ADDRESS | 202 MYSTIC BLVD.          |                                                                              |
| CITY-ST-ZIP    | PALM BAY FLA.             |                                                                              |
| TITLE          | 1st VICE CHAIRMAN         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | GLORIA WALSH              |                                                                              |
| STREET ADDRESS | 405 HOLIDAY PK. BLVD. NE. |                                                                              |
| CITY-ST-ZIP    | PALM BAY, FLA.            | <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:** *Jeannet Beach* **CHAIRMAN** *JEAN S. Beach* 3/21/02 321-728-4926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0069719

CR2E037 (9/01)