

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739558

1. Entity Name

COMMONWEALTH MOBILE HOME OWNERS CIVIC ASSOCIATIO

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90013 009 \*\*\*\*61.25

Principal Place of Business

5250 ORANGE AVE  
52 ORANGE AVE.  
PORT ORANGE FL 32127  
US

Mailing Address

WLUCKHURST, DORIS  
730 CINDY CIR  
PT ORANGE FL 32127-5512  
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

23-7408712

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

KENNEDY, FULLER & GOODS  
687 BEVILLE ROAD SUITE A  
PO BOX 4319  
SOUTH DAYTONA FL 32021

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 ☐ Delete  
NAME P  
STREET ADDRESS LUCKHURST, DORIS  
CITY-ST-ZIP 730 CINDY CIR  
PT ORANGE FL 32127

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS PARHAM, J. WARREN  
CITY-ST-ZIP 729 CINDY CIR  
PT ORANGE FL 32127

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS SALYER, IRENE  
CITY-ST-ZIP 721 BARLOW CIR  
PORT ORANGE FL 32127

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS RENKENBERGER, CAROL A  
CITY-ST-ZIP 734 CINDY CIR  
PT ORANGE FL 32127

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS TREMAIN, ROBERT  
CITY-ST-ZIP 5451 TAYLOR AVE  
PT ORANGE FL 32127

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS PARHAM, NORMA  
CITY-ST-ZIP 729 CINDY CIR  
PT ORANGE FL 32127

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MASTERTSON, GENE  
CITY-ST-ZIP 5459 ORANGE AVE  
PT ORANGE FL 32127

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS SHAFFER, ELMER  
CITY-ST-ZIP 5466 ROGERS AV.  
PT ORANGE FL 32127

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: CAROL A Renkenberger 1/18/00 756-2743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)