

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90467 018 ****61.25

DOCUMENT # 739558

1. Entity Name

COMMONWEALTH MOBILE HOME OWNERS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

WLUCKHURST, DORIS
730 CINDY CIR
PT ORANGE FL 32127-227
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

RENKENBERGER, CAROL

734 CINDY CIRCLE

PORT ORANGE, FL

32127

FLORIDA



DO NOT WRITE IN THIS SPACE

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

TITLE P
NAME SHAFFER, ELMER
STREET ADDRESS 5466 ROGERS AVE
CITY-ST-ZIP PORT ORANGE, FL 32127 ☒ Change ☐ Addition

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

TITLE V
NAME PATEE, RENA
STREET ADDRESS 717 JHELDON CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32127 ☒ Change ☐ Addition

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

TITLE S
NAME TRIPP, DORIS
STREET ADDRESS 5424 ISABELLE AVE
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Change ☐ Addition

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

TITLE T
NAME RENKENBERGER, CAROL A
STREET ADDRESS 734 CINDY CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32127 ☐ Change ☐ Addition

TITLE D
NAME PARHAM, NORMA
STREET ADDRESS 729 CINDY CIR
CITY-ST-ZIP DAYTONA BEACH FL 32127 ☒ Delete

TITLE D
NAME WHITE, MARIE
STREET ADDRESS 5235 ORANGE AVE
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Change ☐ Addition

TITLE D
NAME SHAFFER, ELMER
STREET ADDRESS 5466 ROGERS AVE
CITY-ST-ZIP DAYTONA BEACH FL 32127 ☒ Delete

TITLE D
NAME KOHNKEN, HERMAN
STREET ADDRESS 5435 ORANGE AVE
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Change ☐ 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: Carol Renkenberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)