

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90344 038 ****61.25

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DOCUMENT # 739558

1. Entity Name
COMMONWEALTH MOBILE HOME OWNERS CIVIC ASSOCIATION, INC.



Principal Place of Business
**5250 ORANGE AVE
PORT ORANGE FL 32127
US**

Mailing Address
**RENKENBERGER, CAROL
734 CINDY CIRCLE
PORT ORANGE FL 32127
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
**LUCKHURST, DORIS
730 CINDY CIRCLE
PORT ORANGE FL 32127-5512**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doris Luckhurst* DATE *7/14/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	SHAFFER, ELMER	STREET ADDRESS	5466 ROGERS AVE	CITY-ST-ZIP	PT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete
TITLE	V	NAME	PATEE, RENA	STREET ADDRESS	717 SHELDON CIRCLE	CITY-ST-ZIP	PT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete
TITLE	S	NAME	TRIPP, DORIS	STREET ADDRESS	5424 ISABELLE AVE	CITY-ST-ZIP	PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete
TITLE	T	NAME	RENKENBERGER, CAROL A.	STREET ADDRESS	734 CINDY CIR	CITY-ST-ZIP	PT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE	D	NAME	WHITE, MARIE	STREET ADDRESS	5235 ORANGE AVE	CITY-ST-ZIP	DAYTONA BEACH FL 32127	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	KOHNKEN, HERMAN	STREET ADDRESS	5435 ORANGE AVE	CITY-ST-ZIP	PORT ORANGE FL 32127	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	GLORIA DAILEY	STREET ADDRESS	5408 PINELAND AVE	CITY-ST-ZIP	PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	NAME	LINDA MACDONALD	STREET ADDRESS	705 CINDY CIRCLE	CITY-ST-ZIP	PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	NAME	ROSE GARVEY	STREET ADDRESS	5412 ISABELLE AVE	CITY-ST-ZIP	PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	NAME	CAROL RENKENBERGER	STREET ADDRESS	734 CINDY CIRCLE	CITY-ST-ZIP	PORT ORANGE, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	PAULINE MCSPARRIN	STREET ADDRESS	725 BARLOW CIRCLE	CITY-ST-ZIP	PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	HERMAN KOHNKEN	STREET ADDRESS	5435 ORANGE AVE	CITY-ST-ZIP	PORT ORANGE, FL 32127	<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: *Carol A. Renkenberger* **SIGNATURE REQUIRED** *Carol A. Renkenberger* **986-788-4037**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)