

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90041 047 ****61.25

DOCUMENT # 745960

1. Entity Name

PLEASURE COVE MOBILE HOME OWNERS, INC.

Principal Place of Business

Mailing Address

3030 S US #1
 FT. PIERCE FL 34982
 US

6 SUNSHINE AVE
 FT. PIERCE F 34982-6321
 US

D0030104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2047382

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DONAHUE, JEAN E
6 SUNSHINE AVE
FT. PIERCE FL 34982

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	<input type="checkbox"/> Delete
NAME	DONAHUE, JEAN E	
STREET ADDRESS	6 SUNSHINE AVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDOWELL, WALDO	
STREET ADDRESS	54 SUNSHINE AVE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, JAMES	
STREET ADDRESS	57 PLEASURE AVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAUER, MARGARET	
STREET ADDRESS	50 SUNSHINE AVE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZALOT, JOAN	
STREET ADDRESS	68 PLEASURE AVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, JOHN	
STREET ADDRESS	1 LEISURE LN	
CITY-ST-ZIP	FT PIERCE FL 34982	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Winslow	
STREET ADDRESS	20 Pleasure Ave	
CITY-ST-ZIP	Ft Pierce FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JEAN E. DONAHUE, PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15 2000 (561) 466-6579
 Date Daytime Phone #

CR2E037 (9/99)