

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90144 025 *****61.25

DOCUMENT # 745960

1. Entity Name

PLEASURE COVE MOBILE HOME OWNERS, INC.



Principal Place of Business

**3030 S US #1
FT. PIERCE FL 34982
US**

Mailing Address

**33 SERENDIPITY AVE - 32 PLEASURE AVE.
FORT PIERCE FL 34982
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 **59-2047382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACQUES, BARBARA
32 PLEASURE AVENUE - PLEASURE AVE.
FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent

Name **BARBARA JACQUES**
Street Address (P.O. Box Number is Not Acceptable)
32 PLEASURE AVE.
City **FORT PIERCE** FL Zip Code **34982**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JACQUES, BARBARA	
STREET ADDRESS	32 PLEASURE AVENUE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, ROBERT J	
STREET ADDRESS	33 SERENDIPITY AVENUE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAURICE, EDGAR	
STREET ADDRESS	67 PLEASURE AVENUE	
CITY-ST-ZIP	FORT 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 type="checkbox"/> Delete
NAME	NORTON, DOROTHY	
STREET ADDRESS	39 SUNSHINE AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, JOHN	
STREET ADDRESS	1 LEISURE LN	
CITY-ST-ZIP	FT PIERCE FL 34982	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWELL, MURIEL	
STREET ADDRESS	66 SUNSHINE AVE.	
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		

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:

BARBARA JACQUES

1/27/03

(772) 465-5143

CR2E037 (10/02)