

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90068 001 ****61.25

DOCUMENT # 757939

1. Entity Name

SPRING CREEK VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

24683 WINDWARD BLVD.
 BONITA SPRINGS FL 34134

24683 WINDWARD BLVD.
 BONITA SPRINGS FL 34134

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

59-2372299

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

KELLY, DONALD
24849 SOUTH SEA BLVD.
BONITA SPRINGS FL 34134

Name **GIBSON JOHN**

Street Address (P.O. Box Number is Not Acceptable)

24872 WINDWARD BLVD.

City **BONITA SPRINGS FL** Zip Code **34134**

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

GIBSON JOHN PRESIDENT

John Gibson Jan 17 2002

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	PD	<input type="checkbox"/> Delete
NAME	KELLY, DONALD	
STREET ADDRESS	24849 SOUTH SEAS BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GORBUTT, GORDON	
STREET ADDRESS	4705 MAIKAI	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	<input type="checkbox"/> Delete
NAME	EDWARDS, DAVID	
STREET ADDRESS	4692 PAGO PAGO	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, JOHN	
STREET ADDRESS	24872 WINDWARD	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DCS	<input type="checkbox"/> Delete
NAME	HIGGINS, ROSE	
STREET ADDRESS	24937 WINDWARD	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DRS	<input type="checkbox"/> Delete
NAME	GIDLEY, PHYLISS	
STREET ADDRESS	4709 LEILANI	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, JOHN	
STREET ADDRESS	24872 WINDWARD BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, ELAINE	
STREET ADDRESS	4689 PAGO PAGO	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, MARILYN	
STREET ADDRESS	4824 TAHITI	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, WALLACE	
STREET ADDRESS	4681 MAI-KAI	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDEBRAND MARY	
STREET ADDRESS	HILDEBRAND	
CITY-ST-ZIP	4692 MAI-KAI BONITA SPRINGS FL 34134	
TITLE	DRS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELYA, LOYELLA	
STREET ADDRESS	4685 MAI-KAI	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

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:

GIBSON JOHN PRESIDENT

John Gibson Jan 17 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)