

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90084 021 ****61.25

DOCUMENT # 757939

1. Entity Name

SPRING CREEK VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**24683 WINDWARD BLVD.
BONITA SPRINGS FL 34134**

Mailing Address

**24683 WINDWARD BLVD.
BONITA SPRINGS FL 34134**

90019328



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**ADAMS, JOSEPH E ESQ.
BECKEY & POLIAKOFF, P.A.
13515 BELL TOWER DR., STE. 101
FORT MYERS FL 33907**

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

Marilyn Q. McKay Treasurer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 4, 2003

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 **PD** ☐ Delete
NAME **GIBSON, JOHN**
STREET ADDRESS **24872 WINDWARD BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DV** ☐ Delete
NAME **ELLIOTT, ELAINE George T. Watts**
STREET ADDRESS **4689 PAGO PAGO 4657 TAHITI DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DT** ☐ Delete
NAME **MCKAY, MARILYN**
STREET ADDRESS **4824 TAHITI**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **HUTTON, WALLACE**
STREET ADDRESS **4681 MAI-KAI**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DCS** ☐ Delete
NAME **HILDERBRAND, MARY**
STREET ADDRESS **4692 MAI-KAI**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DRS** ☐ Delete
NAME **ELYA, LOYELLA**
STREET ADDRESS **4685 MAI-KAI**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Marilyn Q. McKay Treasurer

2-4-03 (239) 498-8184

CR2E037 (10/02)