

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90002 028 ****61.25

DOCUMENT # 766340

1. Entity Name

HATCHETT CREEK MOBILE HOME PARK CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

14 HATCHETT CREEK RD
 VENICE FL 34292

14 HATCHETT CREEK RD
 VENICE FL 34292-1004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-6076219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAZEN, RICHARD J.
227 PENSACOLA ROAD
VENICE FL 33595

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	DV	<input checked="" type="checkbox"/> Delete
NAME	BECHTEL, ALBERT A.	
STREET ADDRESS	420 HATCHETT CREEK RD	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GAILBREATH, TERRY	
STREET ADDRESS	412 HATCHETT CREEK RD	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURBORAW, C. ROBERT	
STREET ADDRESS	422 HATCHETT CREEK RD	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TERLINSKI, ALPHONSO	
STREET ADDRESS	428 HATCHETT CREEK RD.	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMSON, PAT	
STREET ADDRESS	HATCHETT CREEK RD	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURPHY, GLEN	
STREET ADDRESS	38 HATCHETT CREEK RD	
CITY-ST-ZIP	VENICE FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MAGUIRE, JAMES	
STREET ADDRESS	424 HATCHETT CREEK RD	
CITY-ST-ZIP	VENICE, FL	
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		<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: *Alphonso Terliniski*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1-00
 Date

Daytime Phone #

CR2E037 (9/99)