

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90040 001 ****70.00

DOCUMENT # 766340

1. Entity Name

**HATCHETT CREEK MOBILE HOME PARK CONDOMINIUM ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

**14 HATCHETT CREEK RD
 VENICE FL 34292**

**14 HATCHETT CREEK RD
 VENICE FL 34292**

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 **27-6076219**

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

**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 **D** ☒ Delete
 NAME **MAGUIRE, JAMES**
 STREET ADDRESS **424 HATCHETT CREEK RD**
 CITY-ST-ZIP **VENICE FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **MORAN, MARGARET L.**
 STREET ADDRESS **422 HATCHETT Creek Rd.**
 CITY-ST-ZIP **Venice, FL. 34292**

TITLE **VP** ☐ Delete
 NAME **CUSIMANO, VICTOR**
 STREET ADDRESS **15 HATCHETT CREEK RD**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **D** ☐ Delete
 NAME **SHUSTER, PHYLLIS**
 STREET ADDRESS **31 HATCHETT CREEK RD**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **DT** ☐ Delete
 NAME **TERLINSKI, ALPHONSO**
 STREET ADDRESS **428 HATCHETT CREEK RD.**
 CITY-ST-ZIP **VENICE, FL 00000**

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

TITLE **S** ☐ Delete
 NAME **MILES, VIRGINIA**
 STREET ADDRESS **33 HATCHETT CREEK RD**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **P** ☒ Delete
 NAME **MCMURPHY, GLEN**
 STREET ADDRESS **38 HATCHETT CREEK RD**
 CITY-ST-ZIP **VENICE FL**

TITLE ☒ Change ☒ Addition
 NAME **TERRY GAIL BREATH**
 STREET ADDRESS **412 Hatchett Creek Rd**
 CITY-ST-ZIP **Venice, FL. 34292**

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 Terlinski **Feb. 6-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-484-0182

CR2E037 (9/01)