

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766437

1. Entity Name

AQUA ISLES MOBILE HOME OWNERS ASSOCIATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90097 033 ****61.25

Principal Place of Business EMILY LANE BRUCE POST OFFIC BOX 2046 LABELLE FL 33-9755 US	Mailing Address P.O. BOX 2046 LABELLE FL 33975-2046 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Emily Lane Bruce</i>	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-2348480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE, EMILY L
900 W HICKPOOCHEE G-1
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4010 Rye Ct
 City *LaBelle* FL Zip Code *33935*

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 *Emily L. Bruce, Secty* *Emily L. Bruce* 1-14-00
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MACK, VERNON H 900 HICKPOOCHEE E19 LABELLE FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete EMILY LANE BRUCE 900 HICKPOOCHEE G1 LABELLE FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KEITH MEIER 900 HICKPOOCHEE AVENUE, LOT B-17 LABELLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete DECKER, MAX 900 W HICKPOOCHEE A-16 LABELLE FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHIRLEY BALDWIN 900 HICKPOOCHEE AVENUE, LOT A-03 LABELLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KERR, ABIE 900 W HICKPOOCHEE H-6 LABELLE FL 33935

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i> <i>Ray Disher</i> <i>900 W. Hickpoochee, A-39</i> <i>LaBelle, FL 33935</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Emily L. Bruce* **REQUIRED** *Emily L. Bruce* 1-14-00 (863)674-4715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)