## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jan 30, 2002 8:00 am Secretary of State DOCUMENT # 768582 1. Entity Name 01-30-2002 90026 046 \*\*\*\*61.25 QUAIL HOLLOW MOBILE HOME OWNERS ASSOCIATION.INC. Mailing Address Principal Place of Business 2051 PIONEER TRAIL LOT #42 2051 PIONEER TRAIL-LIBE #42 LOT #129 LOT #129 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2530317 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent = 1 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICCI, ERNEST 2051 PIONEER TRAIL LOT 88 42 Zip Code City FL **NEW SMYRNA BEACH FL 32168** 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 Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees 2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete Menderson MARGARET TITLE IIIa; 🛊 20 SI PICNEEL THE LOT 59 NAME NAME jensen. Mel New SmyRNA Bih. FL STREET ADDRESS STREET ADDRESS 2051 PIONEER TRAIL, LOT # 6 CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME Long, Kathrynem NAME STREET ADDRESS STREET ADDRESS 2051 PIONEEER TRAIL LOT 82 CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BCH FL 32168 ☐ Change Addition ☐ Delete TITLE TITLE PD RICCI, ERNEST NAME STREET ADDRESS STREET ADDRESS 2051 PIONEER TRAIL, # 98 CITY-ST-ZIP CITY-ST-ZIP <u>NEW SMYRNA BEACH FL 32168</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DREW, LOUISE STREET ADDRESS STREET ADDRESS 2051 PIONEER TRAIL LOT 42 CITY-ST-ZIP CITY-ST-ZIP <u>NEW SMYRNA BEACH FL 32168</u> Addition ☐ Change ☐ Delete TITLE TITLE NAME MEYERS, JUNE NAME STREET ADDRESS STREET ADDRESS 2051 PIONEER TRAIL, LOT # 84 CITY-ST-ZIP CITY-ST-ZIP <u>NEW SMYRNA BEACH FL 32168</u> ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME MUNDY, HELEN NAME STREET ADDRESS STREET ADDRESS 2051 PIONEER TRAIL #81 CITY-ST-ZIP CITY-ST-ZIP <u>NEW SMYRNA BEACH FL 32168</u> 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 cath; 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

**FILED**