

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90011 017 \*\*\*\*61.25

**DOCUMENT # 770137**

1. Entity Name

**NORTHEAST HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 6404  
 OCALA FL 34478-6404

P O BOX 6404  
 OCALA FL 34478-6404  
 US

2. Principal Place of Business  
**P.O. Box 6404**

3. Mailing Address  
**P.O. Box 6404**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Ocala, FL**

City & State  
**Ocala, FL**

Zip  
**34478-6404**

Country  
**Marion**

Zip  
**34478-6404**

Country  
**Marion**

4. FEI Number  
**59-2445171**

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

**MAUTNER, HOWARD**  
**3150 NE 36TH AVENUE**  
**166**  
**OCALA FL 34479**

Name  
**Sasso, Patricia**

Street Address (P.O. Box Number is Not Acceptable)  
**1204 NE 21st Court**

City **Ocala,** **FL** Zip Code **34470**

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 *Patricia Sasso*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-16-2002*

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAUTNER, HOWARD</b> <b>3150 NE 36TH AVENUE #166</b> <b>OCALA FL 34479</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TATRO, FRED</b> <b>3927 NE 22ND LANE</b> <b>OCALA FL 34470</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KUIKEN, JEAN</b> <b>3425 NE 45TH ST</b> <b>OCALA FL 34479</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GALIPO, HARLEAN</b> <b>4340 NE 25TH AVENUE</b> <b>OCALA FL 34479</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, JERRY</b> <b>3660 NE 17TH AVE</b> <b>OCALA FL 34479</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEELE, ADEN</b> <b>4231 NE 22ND CT</b> <b>OCALA FL 34479</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Sasso, Patricia</b> <b>1204 NE 21st Court</b> <b>Ocala, FL 34470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Anderson, Pat</b> <b>5010 NE 7th Place</b> <b>Ocala FL 34470</b>	<input type="checkbox"/> Change <input checked="" 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 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:

*Patricia Sasso*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-16-2002*  
 Date Daytime Phone #

CR2E037 (9/01)

attachment #770137/839834

Northeast Homeowners Association 2002 Board - (Directors)

D

Betty Nelson  
3660 NE 17th Ave  
Ocala, Fl 34479

D

Howard Mautner  
3150 NE 36th Ave #166  
Ocala, Fl 34479

D

Ruby Mautner  
3150 NE 36th Ave #166  
Ocala, Fl 34479

D

Chris Blair  
3400 NE 56th Street  
Ocala, Fl 34479

D

Cligg Davenport, Jr  
2335 NE 54th Place  
Ocala, Fl 34479