

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H45415

1. Entity Name

CASA LOMA ESTATES MOBILE HOME OWNERS ASSOCIATION

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90106 050 \*\*\*150.00

Principal Place of Business

Mailing Address

6560 N HARBOUR CITY BLVD  
MELBOURNE FL 32940  
US

613 KRISTY CIRCLE  
MELBOURNE FL 32940-7452  
US

641309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2520313

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOSTRO, VICTOR S  
1825 S. RIVERVIEW DR.  
MELBOURNE FL 32901

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	KENNEDY, HARRY	
STREET ADDRESS	304 MELISSA LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, EARL	
STREET ADDRESS	65 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input type="checkbox"/> Delete
NAME	BASHER, JANE	
STREET ADDRESS	506 TRACY LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input type="checkbox"/> Delete
NAME	COON, SYDNEY	
STREET ADDRESS	613 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEAN, FLORENCE	
STREET ADDRESS	600 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSDEN, WILLIAM	
STREET ADDRESS	660 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAVENS CRAFT, LOTTE	
STREET ADDRESS	503 KRISTY CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Earl W. Anderson* EARL W. ANDERSON, Pres. 4-14-00 (407) 242-1958

CR2E034 (9/99)