

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H45415

1. Entity Name

CASA LOMA ESTATES MOBILE HOME OWNERS ASSOCIATION

Principal Place of Business

6560 N HARBOUR CITY BLVD
MELBOURNE FL 32940
US

Mailing Address

~~613 KRISTY CIRCLE~~
MELBOURNE FL 32940
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

655 KRISTY CIRCLE

Melbourne, FL

32940

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE V
NAME KENNEDY, HARRY
STREET ADDRESS 304 MELISSA LANE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE P
NAME ANDERSON, EARL
STREET ADDRESS 65 KRISTY CIRCLE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE S
NAME BASHER, JANE
STREET ADDRESS 506 TRACY LANE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE T
NAME ~~BOON, SYDNEY~~ Deceased
STREET ADDRESS ~~613 KRISTY CIRCLE~~
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Delete

TITLE D
NAME RAVENSRAFT, LOTTE
STREET ADDRESS 503 KRISTY CIRCLE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE D
NAME RAMSDEN, WILLIAM
STREET ADDRESS 660 KRISTY CIRCLE
CITY-ST-ZIP MELBOURNE FL ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE Treasurer
NAME PAULETTE VARNEY
STREET ADDRESS 501 TRACY LANE
CITY-ST-ZIP MELBOURNE, FL 32940 ☐ Change ☒ Addition

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

TITLE ☐ Change ☐ 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 #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90015 020 ***150.00

00037681



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2520313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

3-21-01 (321) 242-1958