

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90296 018 ***150.00

DOCUMENT # H45415

1. Entity Name

CASA LOMA ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

**6560 N HARBOUR CITY BLVD
 MELBOURNE FL 32940
 US**

Mailing Address

**655 KRISTY CIRCLE
 MELBOURNE FL 32940
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2520313

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

**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, 2002 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 ☐ Delete
 NAME **V**
 STREET ADDRESS **KENNEDY, HARRY**
 CITY-ST-ZIP **304 MELISSA LANE
 MELBOURNE FL 32940**

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

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

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

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

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **VARNEY, PAULETTE**
 CITY-ST-ZIP **501 TRACY LANE
 MELBOURNE FL 32940**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **RAVENSCHRAFT, LOTTE**
 CITY-ST-ZIP **503 KRISTY CIRCLE
 MELBOURNE FL 32940**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **RAVENSCHRAFT, ROBERT**
 CITY-ST-ZIP **603 KRISTY CIRCLE, MELBOURNE, FL**

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

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: P. Varney, PRESIDENT, CASA LOMA MH ESTATES 4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-254-2656

CR2E034 (9/01)