

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-26-2001 90009 012 ***150.00

DOCUMENT # H58105

1. Entity Name

MAS VERDE OF LAKE LAND MOBILE HOME OWNERS ASSOCIA

Principal Place of Business

2600 HARDEN BLVD.
 BOX #176
 LAKE LAND FL 33803-5927

Mailing Address

2600 HARDEN BLVD.
 BOX #176
 LAKE LAND FL 33803-5927

2. Principal Place of Business

3. Mailing Address

2600 HARDEN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

LAKE LAND, FL.

Zip

Country

Zip

Country

33803

POLK

4. FEI Number

59-2645517

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

DOCKERY, JACK
2600 HARDEN BLVD
158
LAKE LAND FL 33803

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 **Judy A. Lea, Treasurer, JUDY A. LEA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOUIE, CHARLES	
STREET ADDRESS	2600 HARDEN BLVD, LOT 130	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOCKERY, JACK	
STREET ADDRESS	2600 HARDEN BLVD # 158	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESTES, EILEEN	
STREET ADDRESS	2600 HARDEN BLVD # 90	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEA, JUDY A	
STREET ADDRESS	2600 HARDEN BLVD # 343	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARR, MARY	
STREET ADDRESS	2600 HARDEN BLVD # 348	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE		<input type="checkbox"/> Delete
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		
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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 #

Judy A. Lea, Treasurer, JUDY A. LEA **1/15/01** **863 802 8201**

CR2E034 (10/00)