

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90195 043 ***150.00

0469486 AV

DOCUMENT # H58105

1. Entity Name

MAS VERDE OF LAKE LAND MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

**2600 HARDEN BLVD.
 BOX # 201
 LAKE LAND FL 33803**

2. Principal Place of Business

2600 HARDEN BLVD

Suite, Apt. #, etc.

3. Mailing Address

2600 HARDEN BLVD.

Suite, Apt. #, etc.

BOX #201

City & State

LAKE LAND, FL.

City & State

LAKE LAND, FL.

Zip

33803

Country

USA

Zip

33803

Country

USA

4. FEI Number

59-2645517

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DOCKERY, JACK
 2600 HARDEN BLVD
 # 158
 LAKE LAND FL 33803**

7. Name and Address of New Registered Agent

Name **MELVIN HOWELL**
 Street Address (P.O. Box Number is Not Acceptable)
**2600 HARDEN BLVD
 # 158
 LAKE LAND, FL. FL 33803**

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

Melvin Howell

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN HOWELL	
STREET ADDRESS	2600 HARDEN BLVD. #158	
CITY-ST-ZIP	LAKE LAND, FL. 33803	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL ALEXANDER	
STREET ADDRESS	2600 HARDEN BLVD. # 88	
CITY-ST-ZIP	LAKE LAND, FL. 33803	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES C. LEUZZI	
STREET ADDRESS	2600 HARDEN BLVD. # 35	
CITY-ST-ZIP	LAKE LAND, FL. 33803	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNE HOYT	
STREET ADDRESS	2600 HARDEN BLVD. # 226	
CITY-ST-ZIP	LAKE LAND, FL. 33803	
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:

James C. Leuzzi Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (863)688-1082

Date

Daytime Phone #

CR2E034 (9/01)