

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90305 013 \*\*\*150.00

**DOCUMENT # H58105**

1. Entity Name  
**MAS VERDE OF LAKELAND MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2600 HARDEN BLVD.  
LAKELAND FL 33803**

Mailing Address  
**2600 HARDEN BLVD.  
BOX # 201  
LAKELAND FL 33803**

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 **59-2645517**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**HOWELL, MELVIN  
2600 HARDEN BLVD  
# 158  
LAKELAND FL 33803**

## 7. Name and Address of New Registered Agent

Name **Carol J. Alexander**  
Street Address (P.O. Box Number is Not Acceptable) **2600 Harden Blvd. #88**  
City **Lakeland** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Carol J. Alexander**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-26-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carol J. Alexander</b>	
STREET ADDRESS	<b>2600 Harden Blvd #88</b>	
CITY-ST-ZIP	<b>Lakeland, FL 33803</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eileen Estes</b>	
STREET ADDRESS	<b>2600 Harden #90</b>	
CITY-ST-ZIP	<b>Lakeland FL 33803</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Norman Requin</b>	
STREET ADDRESS	<b>2600 Harden Blvd #212</b>	
CITY-ST-ZIP	<b>Lakeland, FL 33803</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carol J. Alexander**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-03**  
Date

**863-683-9284**  
Daytime Phone #

CR2E034 (10/02)