2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # **H84929** 1. Entity Name WALL SPRINGS MOBILE HOME PARK HOMEOWNER'S ASSOCI 03-04-2000 90021 041 ***150.00 Principal Place of Business Mailing Address 604 HILLSBOROUGH STREET 604 HILLSBOROUGH STREET **PALM HARBOR FL 34683-1639 PALM HARBOR FL 34683-8631** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2605743 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARR New Ton Street Address (P.O. Box Number is Not Acceptable) MCLEOD, ROGER 604 HISBOROUGH ST LOT #36 141115 BOROUG 11 PALM HARBOR FL 34683 Zip Code 34683 PALM HARBOR 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax tiling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITLE TITLE DONALD HOWARD MEADE, CHARLENE NAME NAME 804 HILLS BORCEH STREET ADDRESS 604 HILLSBOROUGH ST. STREET ADDRESS PRIM HARIBON FL CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE HOWARD, LEROY NAME Joyce MILLER 604 HILLSBOROUGH ST STREET ADDRESS STREET ADDRESS SOY HILLS BOROVE H PALM HARTSOR FL 34683 CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP TITLE TITI F ☐ Delete GARN, RALPH NAME NAME GARRY NEW TON 604 HILLSBOROUGH ST STREET ADDRESS 804 HILLSBOROUGH STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP 34683 ☐ Addition Delete TITLE ☐ Change TITLE NOLAN, MARJORIE NAME NAME 604 HILLSBOROUGH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP Change ☐ Addition TITLE Defete SCHERF, NAURICE NAME NAME 604 HILLSBOROUGH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE QUACKENBUSH, EUGENE NAME NAME 604 HILLSBOROUGH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 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. 201