

FILED

Jul 23, 2003 8:00 am
Secretary of State

07-09-2003 90034 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J25684

1. Entity Name

POLK COUNTY ABSENTEE PROPERTY OWNERS ASSOCIATION
, INC.

Principal Place of Business

3050 AVE G N W
WINTER HAVEN FL 33880

Mailing Address

3050 AVE G N W
WINTER HAVEN FL 33880

55051957

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-2789653

Applied For
Not Applicable5. 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

DENCKER, DENNIS W
3050 AVE G NW
WINTER HAVEN FL 33850-1827

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeletePSD
DENCKER, DENNIS W
331 HICKORY HAMMOCK RD
LAKE WALES FL 33853TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteVTD
DENCKER, DENNIS W.
331 HICKORY HAMMOCK
LAKE WALES FLTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/03

Date

863-293-7701

Daytime Phone #

CR2034 (4/03)

Polk County Absentee Property Owners Assoc. Inc.
3050 Ave G N.W.
Winter Haven FL 33880-1827

Dear sirs:

Reference #J 55051957
25684

I did not receive the original notice of the 2003 Uniform Business Report. I am asking if the \$400 late fee may be dismissed

Sincerely

D. W. Dencker

D. W. Dencker - Pres