

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N000000000400**

1. Entity Name

EL CAMBA HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**1841 George Jenkins Boulevard
Lakeland FL 33815**

**1841 George Jenkins Blvd
Lakeland, FL 33815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Siemen, Frances
316 El Camba M.H.P.
Lakeland, FL 33815**

Name **Linda Jones**
Street Address (P.O. Box Number is Not Acceptable)
407 El Camba M.H.P.
City **Lakeland, FL** Zip Code **33815**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

Make Check Payable to:

Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Edwin Ostrander 511 El Camba M.H.P. Lakeland, FL 33815	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President R. William Shell 409 El Camba M.H.P. Lakeland, FL 33815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President Linda Jones 407 El Camba M.H.P. Lakeland, FL 33815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Myrtle James 300 El Camba M.H.P. Lakeland, FL 33815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FMO Donald J. Evans 401 El Camba M.H.P. Lakeland, FL 33815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Roseanne Davis 512 El Camba M.H.P. Lakeland, FL 33815	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dean Jones 407 El Camba M.H.P. Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Mary Siemen 307 El Camba M.H.P. Lakeland, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lola Hostetler 402 El Camba M.H.P. Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

Lola Hostetler Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01
Date

863-682-3914
Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

02-06-2001 90230 012 ****61.25

31303

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)