

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N000000000400  
 1. Entity Name  
**EL CAMBA HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**1841 George Jenkins Boulevard** **1841 George Jenkins Blvd**  
**Lakeland FL 33815** **Lakeland, FL 33815**

**31303**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**407 El Camba M.H.P.**

City & State City & State  
**Lakeland, FL 33815**

4. FEI Number Applied For  
**59-362 8711** 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  
**Siemen, Frances**  
**316 El Camba M.H.P.**  
**Lakeland, FL 33815**

7. Name and Address of New Registered Agent  
 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 Linda Jones Second Vice President 3-9-01  
 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	
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 **3-9-01** **863-682-3914**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)