

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90021 007 ****61.25

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DOCUMENT # N000000000400

1. Entity Name

EL CAMBA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**1841 GEORGE JENKINS BOULEVARD
LAKELAND FL 33815**

Mailing Address

**LINDA JONES
407 EL CAMBA M H P
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

4. FEI Number

59-3628711

Applied For

Not Applicable

5. 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

JONES, LINDA

**407 EL CAMBA M H P
LAKELAND FL 33815**

Please correct spelling as indicated

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.

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 **P** ☐ Delete
NAME **JONES, DEAN**
STREET ADDRESS **407 EL CAMBA M H P**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **Past President, D** ☒ Change ☐ Addition
NAME **JONES, DEAN**
STREET ADDRESS **407 EL CAMBA M H P**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **VD** ☒ Delete
NAME **REED, ROBERT**
STREET ADDRESS **503 EL CAMBA**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **V, D** ☐ Change ☒ Addition
NAME **BILL SHELL SHELL, BILL**
STREET ADDRESS **409 EL CAMBA MHP**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **SD** ☐ Delete
NAME **SIEMEN, MARY**
STREET ADDRESS **307 EL CAMBA**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **P, D** ☒ Change ☐ Addition
NAME **SIEMEN, MARY**
STREET ADDRESS **307 EL CAMBA MHP**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **TD** ☒ Delete
NAME **JAMES, MYRTLE**
STREET ADDRESS **300 EL CAMBA**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **T, D** ☐ Change ☒ Addition
NAME **SHELL, JOAN**
STREET ADDRESS **409 EL CAMBA MHP**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **D** ☒ Delete
NAME **DUKE, NANCY**
STREET ADDRESS **611 EL CAMBA**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **V, D** ☐ Change ☒ Addition
NAME **JONES, LINDA**
STREET ADDRESS **407 EL CAMBA MHP**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **S** ☒ Delete
NAME **HOSTETLER, LOLA**
STREET ADDRESS **402 EL CAMBA M.H.P**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **Secretary, D** ☐ Change ☒ Addition
NAME **TINKEL, NANCY**
STREET ADDRESS **407 EL CAMBA MHP**
CITY-ST-ZIP **LAKELAND, FL 33815**

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:

Mary Siemen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2002 863 1682-0992

Date

Daytime Phone #

CR2E037 (9/01)

Officers and Directors continued

El Camba Homeowners Association, Inc.

D

Evans, Donald

401 EL CAMBA MHP

Lakeland, FL 33815

Document #

N000000000400

attachment

762794

Mary Siemen President
April 1, 2002

Current Registered Agent
JONES, LINDA
407 EL CAMBA MHP
LAKE LAND, FL 33815