

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 008 ***61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N000000008531** ✓

1. Entity Name

MAUDLIN MASTER
HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3974 TAMPA ROAD

3. Mailing Address

PO BOX 2157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR FL

City & State

OLDSMAR FL

4. FPI Number

59-3702463

Applied For

Not Applicable

Zip

34677

Country

FLORIDA

Zip

34677

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name **JACK B. HANSON**

Street Address (P.O. Box Number is Not Acceptable)

3974 TAMPA ROAD #B

City **OLDSMAR**

FL

34677

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

4/22/02

FEE IS \$61.25

(Initial or Amended UBR)

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 **DP**
NAME **JOHNSON, MARK**
STREET ADDRESS **255 PINE AVENUE NORTH**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DVP**
NAME **DOMBROWSKI, RICHARD**
STREET ADDRESS **255 PINE AVENUE NORTH**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DST**
NAME **SHARP, DON**
STREET ADDRESS **255 PINE AVENUE NORTH**
CITY-ST-ZIP **OLDSMAR FL 34677**

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DO NOT WRITE IN THIS SPACE

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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

Daytime Phone #

727-224-9165

CR2E037B (12/01)