

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90160 017 ****61.25

0071667

DOCUMENT # N02000002956

1. Entity Name

A BETTER PLACE MANUFACTURED HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1300 BLACK OLIVE DR
DELAND FL 32724**

Mailing Address

**1300 BLACK OLIVE DR
DELAND FL 32724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0736711

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

**HOPKINS, LARRY
504 WILD CHERRY DR
DELAND FL 32724**

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

Larry J Hopkins

5/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **PALM, FRANCIS**
STREET ADDRESS **1309 BLACK OLIVE DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DV** ☒ Delete
NAME **ELLIOTT, SHARON**
STREET ADDRESS **1316 BLACK OLIVE DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **DV** ☐ Change ☐ Addition
NAME **Charles Knotek**
STREET ADDRESS **1345 Nutwood Drive**
CITY-ST-ZIP **DEland, FL 32724**

TITLE **DT** ☒ Delete
NAME **BAYER, BARBARA**
STREET ADDRESS **505 ROYAL PALM DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **DT** ☐ Change ☐ Addition
NAME **CLINT STILLER**
STREET ADDRESS **1336 NATURES Woods Blvd.**
CITY-ST-ZIP **DEland, FL 32724**

TITLE **DS** ☐ Delete
NAME **FADDEN, NANCY**
STREET ADDRESS **506 ROYAL PALM DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/30/03 386-734-7414

CR2E037 (10/02)