

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

0016307

DOCUMENT # - N02000003366 1. Entity Name PARK CENTRAL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 450 E. HIGHWAY 50 SUITE 5 CLERMONT FL 34711			Mailing Address 450 E. HIGHWAY 50 SUITE 5 CLERMONT FL 34711		
2. Principal Place of Business 450 E. HIGHWAY 50		3. Mailing Address 450 E. HIGHWAY 50			
Suite, Apt. #, etc. SUITE 5		Suite, Apt. #, etc. SUITE 5			
City & State CLERMONT FL		City & State CLERMONT FL			
Zip 34711		Country FL		Zip 34711	
Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NAILOS, KRISTIN C ESQ. 450 E. HIGHWAY 50 SUITE 7 CLERMONT FL 34711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Kristin C Nailor</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD BENTZON, HANS J 450 E. HIGHWAY 50 #5 CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE	<div style="text-align: center;"> 200038077892 06/18/04--01007--026 **236.25 </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD WOLFE, LAWSON L 1000 CARROLL STREET CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	STD WOLFE, CATHERINE 450 E. HIGHWAY 50 #1 CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <i>4/27/04</i> <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>					

CR2E037 (4/03)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 JUN -7 PM 3:36
REINSTATEMENT 03-04



3/17/03 90669 042 X6/25
☐ CHECK HERE IF MAKING CHANGES
 4. FEI Number ☒ Applied For ☒ Not Applicable