


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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90101 036 \*\*\*\*61.25

**DOCUMENT # N02591**

1. Entity Name  
**BELLE GROVES MOBILE HOME OWNERS ASSOCIATION, INC**



Principal Place of Business: **624 301 BLVD. E  
B-4  
BRADENTON FL 34203  
MA**

Mailing Address: **624 301 BLVD. E  
B-4  
BRADENTON FL 34203  
MA**

2. Principal Place of Business: **624 301 Blvd E  
Suite, Apt. #, etc. # C-4**

3. Mailing Address: **624 301 Blvd E  
Suite, Apt. #, etc. # C-4**

City & State: **Bradenton FL**

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Zip: **34203** Country: **MA**

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4. FEI Number **59-2491588** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **FURLONG, THOMAS  
624 201 BLVD E, A-1/BELLE GROVE VILL.  
BRADENTON FL 34203**

7. Name and Address of New Registered Agent: **Donald Goecke  
624-301 Blvd E. # C-4  
BRADENTON FL.  
City FL Zip Code 34203**

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: **Donald Goecke** DATE: **4-5-03**

(NOTE: Registered Agent signature required when reinstating)

**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: <b>P</b>	<b>HUBBARD, JAMES</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>P</b>	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HUBBARD, JAMES</b>		NAME: <b>DONALD GOECKE</b>	
STREET ADDRESS: <b>624 301 BLVD E B-4</b>		STREET ADDRESS: <b>624-301 Blvd E. C-4</b>	
CITY-ST-ZIP: <b>BRADENTON FL 34203</b>		CITY-ST-ZIP: <b>BRADENTON FL-34203</b>	
TITLE: <b>V</b>	<b>GOECKE, DON</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>V</b>	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GOECKE, DON</b>		NAME: <b>LUTHER BUCKLAND</b>	
STREET ADDRESS: <b>624 301 BLVD E C-4</b>		STREET ADDRESS: <b>624-301 Blvd E. B-5</b>	
CITY-ST-ZIP: <b>BRADENTON FL 34203</b>		CITY-ST-ZIP: <b>BRADENTON FL-34203</b>	
TITLE: <b>ST</b>	<b>OGLESBEE, RUTH B</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>S-T</b>	<b>Secretary-Treasure</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>OGLESBEE, RUTH B</b>		NAME: <b>EILEEN HOWARD</b>	
STREET ADDRESS: <b>324 301 BLVD E E-4</b>		STREET ADDRESS: <b>624-301 Blvd E #C-9</b>	
CITY-ST-ZIP: <b>BRADENTON FL 34203</b>		CITY-ST-ZIP: <b>BRADENTON FL. 34203</b>	
TITLE: <b>D</b>	<b>LUTHER, BUCKLASND</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>D</b>	<b>Dave Diller</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LUTHER, BUCKLASND</b>		NAME: <b>LUTHER, BUCKLASND</b>	
STREET ADDRESS: <b>624 301 BLVD E B-5</b>		STREET ADDRESS: <b>624-301 Blvd E #B-6</b>	
CITY-ST-ZIP: <b>BRADENTON FL 34203</b>		CITY-ST-ZIP: <b>BRADENTON FL-34203</b>	
TITLE: <b>D</b>	<b>BUCKLAND, BILL</b> <input type="checkbox"/> Delete	TITLE: <b>D</b>	<b>Kathy Wilson</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BUCKLAND, BILL</b>		NAME: <b>KATHY WILSON</b>	
STREET ADDRESS: <b>624 301 BLVD E B-12</b>		STREET ADDRESS: <b>624-301 Blvd E #B-6</b>	
CITY-ST-ZIP: <b>BRADENTON FL 34203</b>		CITY-ST-ZIP: <b>BRADENTON FL-34203</b>	
TITLE: <b>D</b>	<b>SLATER, EDWARD R</b> <input type="checkbox"/> Delete	TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SLATER, EDWARD R</b>		NAME: <b>SLATER, EDWARD R</b>	
STREET ADDRESS: <b>624 301 BLVD E G-4</b>		STREET ADDRESS: <b>624 301 BLVD E G-4</b>	
CITY-ST-ZIP: <b>BRADENTON FL 34203</b>		CITY-ST-ZIP: <b>BRADENTON FL 34203</b>	

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: **Donald Goecke** **REQUIRED** **4-5-03** **941-758-1026**

CR2E037 (10/02)