

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03154

1. Entity Name

MOCKINGBIRD HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

38202 RAVEN RD.  
ZEPHYR HILLS FL 33540  
US

38114 BLACKBIRD LN  
ZEPHYR HILLS FL 33540  
US

2. Principal Place of Business

3. Mailing Address

38202 RAVEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYR HILLS FL

Zip

Country

Zip

Country

33540

PASCO

8. Name and Address of Current Registered Agent

RICHARDSON, DAVID J  
38114 BLACKBIRD LN  
MOCKINGBIRD MH PK  
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

NAME MARSHALL, RAY  
Street Address (P.O. Box Number, if Not Acceptable)  
3808 BLACKBIRD LN.  
City ZEPHYRHILLS FL Zip Code 33540

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)

3/14/01

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

TITLE	T	<input type="checkbox"/> Delete
NAME	RUTH A WAGNER	
STREET ADDRESS	38202 RAVEN RD. MOCKING BIRD M.H.P	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, RAY	
STREET ADDRESS	38108 BLACKBIRD LN	
CITY-ST-ZIP	ZEPHYRHILLS FL 33-5410	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOOD, EDITH	
STREET ADDRESS	38048 WREN RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, RUTH A	
STREET ADDRESS	38202 RAVEN RD-MOCKINGBIRD MPH	
CITY-ST-ZIP	ZEPHYR HILLS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, DAVID J	
STREET ADDRESS	38114 BLACKBIRD LN	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete.
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMERKERT ROBERT	
STREET ADDRESS	38139 RAVEN RD.	
CITY-ST-ZIP	ZEPHYRHILLS, FL-33540	
TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL RAY	
STREET ADDRESS	38108 Blackbird LN.	
CITY-ST-ZIP	Zephyrhills FL 33540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Raymond Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2001

Date

813-779-3062

Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

03-15-2001 90195 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)