

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90099 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                   |                                                                                                                                                  |                                                                                                                                         |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N06151</b><br>1. Entity Name<br><b>PARK EAST CONDOMINIUM ASSOCIATION, INC.</b>                                                                                      |                                                                                                                                                  |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>3800 NE SILVER SPRINGS BLVD.<br/>         OCALA FL 32670</b>                                                                                    |                                                                                                                                                  | Mailing Address<br><b>3800 NE SILVER SPRINGS BLVD.<br/>         OCALA FL 34470-4987<br/>         US</b>                                 |                                                                   |
| 2. Principal Place of Business<br><b>3800 NE SILVER SPRINGS BLVD</b>                                                                                                              |                                                                                                                                                  | 3. Mailing Address<br><b>3800 NE SILVER SPRINGS BLVD</b>                                                                                |                                                                   |
| Suite, Apt. #, etc.<br><b>Unit 7</b>                                                                                                                                              |                                                                                                                                                  | Suite, Apt. #, etc.<br>                                                                                                                 |                                                                   |
| City & State<br><b>OCALA FL</b>                                                                                                                                                   |                                                                                                                                                  | City & State<br>                                                                                                                        |                                                                   |
| Zip<br><b>34470</b>                                                                                                                                                               |                                                                                                                                                  | Country<br><b>MARION</b>                                                                                                                |                                                                   |
| 4. FEI Number <b>59-2715555</b>                                                                                                                                                   |                                                                                                                                                  |                                                                                                                                         |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                          |                                                                                                                                                  |                                                                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>WEISS, EMILY C<br/>         3800 NE SILVER SPRINGS BLVD<br/>         # 22<br/>         OCALA FL 34470</b>                   |                                                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.                         |                                                                                                                                                  |                                                                                                                                         |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |                                                                                                                                                  |                                                                                                                                         |                                                                   |
| <b>FILE NOW:<br/>         FEE IS \$61.25</b>                                                                                                                                      |                                                                                                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                     |                                                                   |
| <b>Make Check Payable to<br/>         Department of State</b>                                                                                                                     |                                                                                                                                                  |                                                                                                                                         |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                 |                                                                                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                    | <b>PD<br/>         HEWITT, MARY L.<br/>         3800 NE SILVER SPGS BLV<br/>         OCALA FL</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                    | <b>S<br/>         EILBACHER, VIVIAN V.<br/>         3800 NE SILVER SPRINGS BLVD<br/>         OCALA FL</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                    | <b>D<br/>         DAGG, LUCILLE<br/>         3800 NE SILVER SPRINGS BLVD #14<br/>         OCALA FL</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                    | <b>D<br/>         HEWITT, ED<br/>         3800 NE SILVER SPRINGS BLVD<br/>         OCALA FL 34470</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                    | <b>T<br/>         WEISS, EMILY C<br/>         3800 NE SILVER SPRINGS BLVD<br/>         OCALA, FL # 22</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                    | <b>D<br/>         MANFRED FIECH<br/>         3800 NE SILVER SPRINGS BLVD<br/>         OCALA, FL 34470 #15</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Emily C. Weiss **352-694-4581**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)