## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N08457**

1. Entity Name

## THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC.

~∳ NE 518	ST			
<u></u>	BEACH	FL	33064	

Principal Place of Business

Mailing Address

210 NE 51ST POMPANO BCH FL 33064

**FILED** Apr 12, 2000 8:00 am Secretary of State

04-12-2000 90147 050 \*\*\*\*61.25

030151



Principal Place of Business     3. Mailing Address			3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt			Suite, Apt. #, etc.	, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State City & State			City & State	tate		4. FEI Number NOT APPLICABLE		oplied For ot Applicable	
Zip	Co	ountry	Zip	Country	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				
N N				Name	Name				
KOLB, CAROL P.			Street A	Street Address (P.O. Box Number is Not Acceptable)					
210 NE 51				<u> </u>					
POMPANO BCH FL 33064				<u> </u>					
				City		F	EL Zip Cod	e	
SIGNATURE	Completed at a	.\$	the purpose of changing its in the purpose of changing its individual title if applicable. (NOTE:		re required when reinstating)		TE		
FILE NOW: 9. Election Campaign Fina Trust Fund Contribution				\$5.00 May Be Added to Fees	Added to Fees Department of State				
10.		OFFICERS AND DIR	ECTORS	11.		CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTORIUS, RON 117 NE 51 ST POMPANO BEAC		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pompano	Beach, Fl. 33064	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS	VP ROBERTSON, RI 5010 NE 1ST TE	CHARD	<b>X</b> Delete	TITLE NAME STREET ADDRESS	JIM HAWE	5 49th St.	<b>⊠</b> Change	Addition	
CITY-ST-ZIP	POMPANO BCH			CITY-ST-ZIP	Pompone (	320ch 1-1-33064	<u> </u>		
TITLE	D		☐ Delete	TITLE	1	,	Change	☐ Addition	
NAME	LYNCH, DAN		7 <u>4</u>	NAME	RICHARD	Rebarroon	1	ĺ	
STREET ADDRESS	209 NE 49TH CO	DURT		STREET ADDRESS	5010 NE	190 120		ļ	
CITY-ST-ZIP	POMPANO BCH	FL 33064		CITY-ST-ZIP	Pompar	no Beach, Fl. 3			
TITLE	h		Delete	TITLE	•		Change	Addition	

POMPANO BEACH FL 33064 12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CAMPION**&** FELICIA

POMPANO BCH FL 33064

<u>POMPANO BEACH FL 33064</u>

4805 NE 1ST TER.

5019 N.W. 1ST TER.

PASTORE, ALBERT

EBY, DOUG

STREET ADDRESS 4910 NE 1ST TERR

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**☑** Delete

☐ Delete

CAROL P. KOLB

954481-5926

☐ Change

☐ Change

☐ Addition

☐ Addition