

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08756

1. Entity Name

PALMS & PINES MOBILE HOME OWNERS ASSOCIATION, IN

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90006 045 ****61.25

Principal Place of Business

Mailing Address

5400 RIVERSIDE RD.
BOX 3497
PUNTA GORDA FL 33982
US

500 N. MAITLAND AVENUE
SUITE 203
MAITLAND FL 32751-4462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1038375

Applied For

Not Applicable

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

COLLING, LEE JAY
500 N. MAITLAND AVENUE
SUITE 203
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☐ Delete
NAME	HESS, ROBERT W	
STREET ADDRESS	3497 PALMS & PINES	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590	
TITLE	PD	☒ Delete
NAME	REDFORD, RAY	
STREET ADDRESS	3319 PALMS & PINES MHP	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590	
TITLE	D	☒ Delete
NAME	KIRTS, JOHN	
STREET ADDRESS	3375 PALMS & PINES MHP	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590	
TITLE	VSD	☒ Delete
NAME	SHEPHERD, BEATRICE	
STREET ADDRESS	PALMS & PINES #3431	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590	
TITLE	VD	☒ Delete
NAME	GIBSON, SHIRL	
STREET ADDRESS	PALMS & PINES #3328	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590	
TITLE	D	☐ Delete
NAME	BRYANT, HAROLD	
STREET ADDRESS	3324 PALMS & PINES MHP	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590	

TITLE	PD	☐ Change ☒ Addition
NAME	KIRTS, NANCY	
STREET ADDRESS	PALMS & PINES # 3375	
CITY-ST-ZIP	PUNTA GORDA, FL 33982-1590	
TITLE	D	☒ Change ☐ Addition
NAME	REDFORD, RAY	
STREET ADDRESS	3319 PALMS & PINES # 3319	
CITY-ST-ZIP	PUNTA GORDA, FL 33982-1590	
TITLE	D	☐ Change ☒ Addition
NAME	FORSEYTH, DENISE	
STREET ADDRESS	PALMS & PINES # 3322	
CITY-ST-ZIP	PUNTA, GORDA, FL 33982-1590	
TITLE	VSD	☐ Change ☒ Addition
NAME	BROWN, PAT	
STREET ADDRESS	PALMS & PINES # 3383	
CITY-ST-ZIP	PUNTA GORDA, FL 33982-1590	
TITLE	VD	☐ Change ☒ Addition
NAME	LORANCE, BUCK	
STREET ADDRESS	PALMS & PINES # 3301	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590	
TITLE	D	☐ Change ☒ Addition
NAME	JORDAN, CAROL	
STREET ADDRESS	PALMS & PINES # 3500	
CITY-ST-ZIP	PUNTA GORDA, FL 33982-1590	

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:

ROBERT W. HESS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00

Date

941-637-1556

Daytime Phone #

CR2E037 (9/99)