2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
03-28-2001 90077 012 ****61.25

DOCUMENT # N08756

1. Entity Name
PALMS & PINES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5400 RIVERSIDE RD BOX 3497 PUNTA GORDA FL 33982 USA	682 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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 682 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DOLPHIA LORANGER 5400 RIVERSIDE DR. BOX 3201 PUNTA GORDA FL 33982-1590	☐ Delete	DIRECTOR BASIL DULIN 5400 RIVERSIDE DR BOX 3317 PUNTA GORDA FL 33982-1590	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ARNOLD PETTIGREW 5400 RIVERSIDE DR BOX 3327 PUNTA GORDA, FL 33982-1590	☐ Delete	DIRECTOR ROBERT DRYER 5400 RIVERSIDE DR BOX 3429 PUNTA GORDA FL 33982-1590	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ROBERT W. HESS 5400 RIVERSIDE DR. BOX 3497 PUNTA GORDA FL 33982-1590	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SUSAN JOHNSON BOX 3332 5400 RIVERSIDE DR. PUNTA GORDA FL 33982-1590	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RAYMOND REDFERN 5400 RIVERSIDE DR BOX 3319 PUNTA GORDA FL 33982-1590	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BETTY NAILL 5400 RIVERSIDE DR BOX 3319 PUNTA GORDA, FL 33982-1590	☐ Delete		☐ Change	☐ Addition

CR2E037 (11/00)

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 Robert W. Hess 3/10/01 (941) 637-1556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #