

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08890

1. Entity Name

GREYSTONE PARK MOBILE HOMEOWNERS, INC.

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90002 025 \*\*\*\*61.26

Principal Place of Business

13300 E. TAMiami TRAIL  
LOT 66  
NAPLES FL 34114  
US

Mailing Address

13300 E. TAMiami TRAIL  
LOT 66  
NAPLES FL 34114  
US

2. Principal Place of Business

13300 E. Tamiami Trail  
Suite, Apt. #, etc.  
Lot 66  
City & State  
Naples, FL 34114  
Zip  
34114

3. Mailing Address

13300 E. Tamiami Trail  
Suite, Apt. #, etc.  
Lot 66  
City & State  
Naples, FL 34114  
Zip  
34114



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATT KAMIENARZ  
13300 E. TAMiami TRAIL  
LOT 66  
NAPLES FL 34114

7. Name and Address of New Registered Agent

Name  
Matt Kamieniarz  
Street Address (P.O. Box Number is Not Acceptable)  
Lot 66  
City  
13300 E. Tamiami Trail  
Naples FL Zip Code  
34114

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 Matt Kamieniarz (PARK Contact Person)

2-28-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORRAINE, FUNKE 13300 E. TAMiami TRAIL LOT 8 NAPLES FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, WAYNE 13300 E. TAMiami TRAIL LOT 10 NAPLES FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERWIN, CLIFF 13300 E. TAMiami TRAIL LOT 65 NAPLES FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVERY, ART 13300 E. TAMiami TRAIL LOT 27 NAPLES FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUMBLESON, STARLING 13300 E. TAMiami TR. #33 NAPLES FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, WILLIAM 13300 E TAMiami TRAIL LOT 50 NAPLES FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George Perry Lot 30 - 13300 E. Tamiami Trail Naples, FL 34114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Starling Tumbleson Lot 33 - 13300 E. Tamiami Trail Naples, FL 34114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wayne Alexander Lot 10 - 13300 E. Tamiami Trail Naples, FL 34114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lorraine Funke Lot 8 - 13300 E. Tamiami Trail Naples, FL 34114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cliff Erwin Lot 65 0 13300 W. Tamiami Trail Naples, FL 34114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dick Freiwald Lot 48 Naples, FL 34114	<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 other like empowered.

SIGNATURE: *Lorraine Funke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine Funke, Secretary 941-7328

Date

Daytime Phone #

CR2E037 (9/01)