

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90041 011 ****61.25

DOCUMENT # N09284

1. Entity Name

OSCEOLA MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

11825 AZTEC LANE
 EVERETTE NAGELHOAT
 NEW PORT RICHEY FL 34654
 US

Mailing Address

MARIA E REBELL
 9834 HOPI LANE
 NEW PORT RICHEY FL 34654
 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

59-2541944

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

Name

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

City

FL

Zip Code

**NAGLEHOUT, EVERETTE
 11825 AZTEC LANE
 NEW PORT RICHEY FL 34654**

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

Maria E. Rebell

4-5-01

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	P	<input checked="" type="checkbox"/> Delete
NAME	RUPPLE, JACK	
STREET ADDRESS	1180 AZTEC LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REBEHL, MARIA	
STREET ADDRESS	9824 HOPI LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GEORGE, PETER	
STREET ADDRESS	INDIAN LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	BD	<input type="checkbox"/> Delete
NAME	NAGELHOWT, LILIAN	
STREET ADDRESS	11844 PIUTE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	BD	<input type="checkbox"/> Delete
NAME	HANK, GERTRUDE	
STREET ADDRESS	11821 CREE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	BD	<input type="checkbox"/> Delete
NAME	BELINSKI, RUTH	
STREET ADDRESS	11825 INDIAN DR	
CITY-ST-ZIP	NEWPORT RICHEY FL	

TITLE	JEROME VINSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11800 m. nncola dr	
STREET ADDRESS	NPR FL 34654	
CITY-ST-ZIP		
TITLE	GEORGE HARLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9820 HOPI LANE	
STREET ADDRESS	N.P.R. FL 34654	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Maria E. Rebell

3-16-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)