

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09284

1. Entity Name

OSCEOLA MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED

Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90362 029 ****61.25

Principal Place of Business

Mailing Address

11825 AZTEC LANE
EVERETTE NAGELHOAT
NEW PORT RICHEY FL 34654
US

Dorothy Ruppel
11830 Aztec Ln.
New Port Richey, FL 34654-1319

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

NAGLEHOUT, EVERETTE
11825 AZTEC LANE
NEW PORT RICHEY FL 34654

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

Everett Nagelhout

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	VINSON, JEROME	
STREET ADDRESS	1180 AZTEC LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, GEORGE	
STREET ADDRESS	9820 HOPI LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	ST	<input checked="" 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	CRVRL MCMR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11850 PIUTE LANE NEW PORT RICHEY FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dorothy Ruppel</i>	
STREET ADDRESS	11830 Aztec Ln.	
CITY-ST-ZIP	New Port Richey, FL 34654-1319	
TITLE	Phyllis Rodgers	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9830 Hopi Ln	
STREET ADDRESS	New Port Richey 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		

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:

Dorothy M. Ruppel (See Treasurer Mar. 15-02)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)