

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

May 16, 2000 8:00 am
Secretary of State

03-03-2000 90267 050 ****61.25

DOCUMENT # N09289

1. Entity Name

COUNTRY VILLAGE MOBILE HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

10525 DECENT LANE
HUDSON FL 34667-4908
US

10525 DECENT LANE
HUDSON FL 34667-4908
US

2. Principal Place of Business

10512 DECENT LANE

3. Mailing Address

10512 DECENT LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON, Florida

City & State

HUDSON FLORIDA

Zip

34667-4908

Country

PASCO

Zip

34667-4908

Country

PASCO

4. FEI Number

59-2905207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAY, KENDALL R.
10525 DECENT LANE
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name **Sharon M. SENECA**

Street Address (P.O. Box Number is Not Acceptable)
10512 DECENT LANE

City **HUDSON**

FL

Zip Code

34667-4908

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

TITLE **D** PD
NAME **LANTZ, NORMAN**
STREET ADDRESS **10908 DEROMING DR**
CITY-ST-ZIP **HUDSON FL 34667** ☐ Delete

TITLE **STD**
NAME **DAY, KENDALL**
STREET ADDRESS **10525 DECENT LANE**
CITY-ST-ZIP **HUDSON FL** ☒ Delete

TITLE **D**
NAME **VENTRUELLA, JOSEPHINE**
STREET ADDRESS **10521 DECENT LANE**
CITY-ST-ZIP **HUDSON FL 34667** ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** **VICE PRESIDENT**
NAME **EARL F. BOHLKEN**
STREET ADDRESS **10516 DECENT LANE**
CITY-ST-ZIP **HUDSON, FL 34667** ☒ Change ☐ Addition

TITLE **D** **SECRETARY/TREASURER**
NAME **Sharon M. SENECA**
STREET ADDRESS **10512 DECENT LANE**
CITY-ST-ZIP **HUDSON, FL 34667** ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Sharon M. SENECA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)