

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90090 024 ****61.25

DOCUMENT # N12575

1. Entity Name

MARLBORO FARMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

201 SW 165TH ST
 NEWBERRY FL 32669
 US

Mailing Address

201 SW 165TH ST
 NEWBERRY FL 32669
 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

NOT APPLICABLE

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

LINK, SUSAN
201 SW 165TH ST
NEWBERRY FL 32669

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 **P** ☒ Delete
 NAME **FULKERSON, JOHN**
 STREET ADDRESS **16603 SW 5TH PL**
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **President** ☒ Change ☐ Addition
 NAME **Phil Dunnington**
 STREET ADDRESS **402 S.W. 165th St**
 CITY-ST-ZIP **Newberry, FL 32669**

TITLE **VP** ☐ Delete
 NAME **NICHOLAS, JAMES C**
 STREET ADDRESS **126 SW 165TH ST**
 CITY-ST-ZIP **NEWBERRY FL 32669**

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

TITLE **ST** ☐ Delete
 NAME **LINK, SUSAN**
 STREET ADDRESS **201 SW 165TH ST**
 CITY-ST-ZIP **NEWBERRY FL 32669**

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

TITLE **D** ☒ Delete
 NAME **STONE, WILLIAM H**
 STREET ADDRESS **16906 SW 5TH PLACE**
 CITY-ST-ZIP **NEWBERRY FL**

TITLE **Julia Guggenheimer** ☒ Change ☐ Addition
 NAME **202 S.W. 165th St**
 STREET ADDRESS **Newberry, FL 32669**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MINER, GARY**
 STREET ADDRESS **16612 SW 5TH PL**
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **Diane Nicholas** ☒ Change ☐ Addition
 NAME **126 SW 165th St**
 STREET ADDRESS **Newberry, FL 32669**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LEWIS, MICHAEL G.**
 STREET ADDRESS **215 S. W. 165TH STREET**
 CITY-ST-ZIP **NEWBERRY FL**

TITLE **Maureen Davison** ☒ Change ☐ Addition
 NAME **308 SW 165th St**
 STREET ADDRESS **Newberry, FL 32669**
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Susan Link
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

CR2E037 (10/00)