2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State **DOCUMENT # N12929** 04-10-2002 90034 014 ****61.25 POBERT'S PARK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address B0061589 ANDY BLVD 3390 GANDY BLVD SUITE 26 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 ÙS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2874920 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHARLEY VAUGHT Street Address (P.O. Box Number is Not Acceptable) LECLEAR, NORMAN 3390 GANDY BLVD 3390 GANDY BLVD., Lot 66 17. PETERSBURG FL 33702 Zip Code 33702 **PETERSBURG** 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD (9/01) Oelete TITLE ☐ Change ☐ Addition TITLE NAME LECLEAR, NORMAN NAME CHARLEY VAUGHT STREET ADDRESS STREET ADDRESS 3390 GANDY BLVD 3390 GANDY BLVD. LOT 66 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33702 ST. PETERSBURG, 33702 Change VD ☐ Delete TITLE TITLE ☐ Addition GAUW, RICH NAME NAME STREET ADDRESS 3390 GANDY BLVD STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP -X Delete Change Addition TITLE TITLE s. BIDWELL, JANET NAME. NAME ANN BOATWRIGHT STREET ADDRESS 3390 GANDY BLVD, LOT 128 STREET ADDRESS 3390 GANDY BLVD. LOT, #68 CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP ST. PETERSBURG TD Change ☐ Addition TITLE ☐ Delete TITLE COOK, EUGENE NAME 3390 GANDY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 12. I hereby certify that the information supplied with this filling 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.

FILED