NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90735 035 ****61.25

DOCUMENT # N18850

1. Entity Name
BOB'S LANDING HOMEOWNERS ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

B0061755

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2. Principal Place of Business: Lot 57, Bob's Landing, 900 Ohlinger Rd.
Suite, Apt. #, etc.
City & State: Babson Park, FL 33827
Zip: 33827 County: Polk

3. Mailing Address: 682 Maitland Ave.
Suite, Apt. #, etc.
City & State: Altamonte Springs
Zip: 32701 Country: Seminole

4. FEI Number: 59-2785320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Lee Jay Colling
Street Address (P.O. Box Number is Not Acceptable): 682 Maitland Ave.
City: Altamonte Springs FL Zip Code: 32701

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

FEE IS $61.25 Initial or Amended UBR

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	PD
NAME	John Whitmore
STREET ADDRESS	Lot 52, 900 Ohlinger Rd.
CITY-ST-ZIP	Babson Park, FL 33827
TITLE	VPD
NAME	Gerald Walker
STREET ADDRESS	#57, 900 Ohlinger Rd.
CITY-ST-ZIP	Babson Park, FL 33827
TITLE	SD
NAME	Marie Poulin
STREET ADDRESS	Lot 39, 900 Ohlinger Rd.
CITY-ST-ZIP	Babson Park, FL 33827
TITLE	TD
NAME	Jo Anne Walker
STREET ADDRESS	Lot 57, 900 Ohlinger Rd.
CITY-ST-ZIP	Babson Park, FL 33827
TITLE	D
NAME	Gary Murray
STREET ADDRESS	Lot 84, 900 Ohlinger Rd
CITY-ST-ZIP	Babson Park, FL 33827
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Anne Walker (Jo Anne Walker) 4/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #