

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19393

1. Entity Name

OAK PARK VILLAGE MOBILE HOME OWNERS RENTERS ASSO

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90018 038 ****61.25

Principal Place of Business	Mailing Address
GRAPE 11 Dill P.O. BOX 656 ALVA FL 33920	GRAPE 11 Dill P.O. BOX 656 ALVA FL 33920-0656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2799777		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLLING, LEE J. 500 N MAITLAND AVE STE. 203 MAITLAND FL 32751		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 _____ (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	DT MESSINA, DOROTHY A <input checked="" type="checkbox"/> Delete	TITLE	DT Bigos, Bernard F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 ASHE ST BOX 452	NAME	14 Cork St. Box 435 Alva FL 33920
STREET ADDRESS	ALVA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP WYNN, BESSIE M. <input checked="" type="checkbox"/> Delete	TITLE	DP Manion, Patrick J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 GRAPE ST, P O BOX 656	NAME	11 Dill St. P.O. Box 71, Alva, FL
STREET ADDRESS	ALVA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS PARTRIDGE, PEGGY <input checked="" type="checkbox"/> Delete	TITLE	DS Bailey, Pauline <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 DILL ST, P.O. BOX 578	NAME	5 Ilex St., P.O. Box 203, Alva, FL
STREET ADDRESS	ALVA FL 33920	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVP WESTER, DOROTHY <input checked="" type="checkbox"/> Delete	TITLE	DVP Purvis, Dorothy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 JUTE ST, P O BOX 817	NAME	10 Ilex St. P.O. Box 435, Alva FL
STREET ADDRESS	ALVA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SASSO, KATHRYN J <input checked="" type="checkbox"/> Delete	TITLE	D Kenyon, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 CORK ST, P.O. BOX 1082	NAME	15 Cork St. P.O. Box 307, Alva FL
STREET ADDRESS	ALVA FL 33920	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Patrick J Manion DATE: 3-9-2000 DAYTIME PHONE: 941-728-3916

CR2E037 (9/99)