

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90048 013 \*\*\*\*61.25

20030902

**DOCUMENT # N19393**

1. Entity Name

**OAK PARK VILLAGE MOBILE HOME OWNERS RENTERS ASSO**

Principal Place of Business

Mailing Address

11 DILL  
 PO BOX 71  
 ALVA FL 33920

11 DILL  
 PO BOX 71  
 ALVA FL 33920

**C0005938**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2799777**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COLLING, LEE J.**  
**500 N MATLAND AVE** *1920 E Robinson ST*  
**STE 203**  
**MATLAND FL 32751** *Orlando, FL 32803*

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	DT	<input type="checkbox"/> Delete
NAME	BIGOS, BERNARD F	
STREET ADDRESS	14 CORK ST BOX 435	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MANION, PATRICK J	
STREET ADDRESS	11 DILL ST PO BOX 71	
CITY-ST-ZIP	ALVA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BAILEY, PAULINE	
STREET ADDRESS	5 ILEX ST PO BOX 203	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PURVIS, DOROTHY	
STREET ADDRESS	10 ILEX ST PO BOX 435	
CITY-ST-ZIP	ALVA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENYON, RICHARD	
STREET ADDRESS	15 CORK ST PO BOX 307	
CITY-ST-ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patrick J Manion* **MANION** *1-5-2001 941 728-3916*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)