

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19393

1. Entity Name

OAK PARK VILLAGE MOBILE HOME OWNERS RENTERS ASSO

Principal Place of Business

11 DILL
PO BOX 71
ALVA FL 33920

Mailing Address

11 DILL
PO BOX 71
ALVA FL 33920

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

59-2799777

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

COLLING, LEE J.

500 N MATLAND AVE

STE 203

MATLAND FL 32751

1920 E Robinson ST
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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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 1-5-2001 941 728-3916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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

C0005938



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)