

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90054 031 \*\*\*\*61.25

DOCUMENT # N19393

1. Entity Name

OAK PARK VILLAGE MOBILE HOME OWNERS RENTERS ASSO  
CIATION, INC.

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.  
1920 E ROBINSON ST  
ORLANDO FL 32803

Name

Pauline Bailey

Street Address (P.O. Box Number is Not Acceptable)

5 Ilex St PO Box 203

Oak Park

City

Alva

FL

Zip Code

33920

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

Pauline Bailey - PAULINE BAILEY

02-10-02

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  
NAME BIGOS, BERNARD F  
STREET ADDRESS 14 CORK ST BOX 435  
CITY-ST-ZIP ALVA FL 33920 ☐ Delete

TITLE DP DT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DP  
NAME MANION, PATRICK J  
STREET ADDRESS 11 DILL ST PO BOX 71  
CITY-ST-ZIP ALVA FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS  
NAME BAILEY, PAULINE  
STREET ADDRESS 5 ILEX ST PO BOX 203  
CITY-ST-ZIP ALVA FL 33920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP  
NAME PURVIS, DOROTHY  
STREET ADDRESS 10 ILEX ST PO BOX 435  
CITY-ST-ZIP ALVA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME KENYON, RICHARD  
STREET ADDRESS 15 CORK ST PO BOX 307  
CITY-ST-ZIP ALVA FL 33920 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

BERNARD F. BIGOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)