

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90321 019 \*\*\*61.25

**DOCUMENT # N26485**

1. Entity Name

**AMERICAN WAY ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**ATTORNEYS-AT-LAW  
P. O. BOX 1689  
ST. PETERSBURG FL 33731-1689  
US**

Mailing Address

**730 14TH ST NW  
#36  
LARGO FL 33770  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**730 14TH ST. NW  
#36**

**LARGO, FL.**

**33770**

**PINELLAS**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. ☒ Indicate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MALLER, ESQ. K  
ONE PROGRESS PLAZA, BARNETT TOWER STE 1210  
P. O. BOX 1689  
ST PETERSBURG FL 33731**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**SAME**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**SAME**

**4/15/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, PEGGY</b>	
STREET ADDRESS	<b>730 14TH ST NW #35</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROLPH, LORNE</b>	
STREET ADDRESS	<b>730 14TH ST NW #36</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WARE, PAULA JEAN</b>	
STREET ADDRESS	<b>730 14TH ST NW 36</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>WARE, PAULA JEAN</b>	
STREET ADDRESS	<b>730 14TH ST NW 36</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SEXTON, CONNIE</b>	
STREET ADDRESS	<b>730 14TH ST NW #34</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WENZEL, RICHARD</b>	
STREET ADDRESS	<b>730 14TH ST NW #16</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	

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
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 checked="" type="checkbox"/> Addition
NAME	<b>D. BETTY WALTERS</b>	
STREET ADDRESS	<b>730 14TH ST. NW #6</b>	
CITY-ST-ZIP	<b>LARGO, FL 33770</b>	

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: **PAULA J. WARE**

**4/15/03 727-585-4991**

CR2E037 (10/02)