

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N30895**
 1. Entity Name
Langerine Mobile Homeowners Association, Inc.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90046 041 ****61.25

80036760

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
Langerine Mobile Homeowners Association Inc **1616 21 ST S. Lot 315 St Pete FL**

2. Principal Place of Business 3. Mailing Address
Same as above **1616 21 ST S. Lot 315**
 Suite, Apt. #, etc. **Lot 315**

City & State City & State
St Pete Florida
 Zip Country Zip Country
33712-2773 USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

7. Name and Address of New Registered Agent
 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition President Margaret Leigh Covington 1616 21 ST S. Lot # 322 St. Petersburg FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Douglas Culp 1616 21 ST S Lot 317 St Petersburg FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Eileen Sleath 1616 21 ST S. Lot 217 St Petersburg FLA 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Linda Yurcich 1616 21 ST S. Lot 315 St Petersburg FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D William Pugh 1616 21 ST S Lot 110 St Pete FLA 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Douglas Sparks 1616 21 ST S. Lot 229 St. Pete - FLA 33712

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: **[Signature]** **March 22-2000** **(727) 824-6357**

CR2E037 (9/99)

30895

Attachment
00036760

D.

(3) Barbara Meadows
1616 21ST S. Lot 220
St Pete - FL - 33712.

(4) Michael Chorney
1616 21ST S. Lot 319
St Pete - FL - 33712

(5) Jacques Chartrand
1616 21ST S. Lot 207
St Pete - FL - 33712