

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90360 004 ****61.25

DOCUMENT # N35190

1. Entity Name

PLEASANT OAKS ESTATES HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

POST OFFICE BOX 544
 ELLENTON FL 34222

Mailing Address

POST OFFICE BOX 544
 ELLENTON FL 34222

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

65-0158272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, PATRICIA
3110 95TH DR.
PARRISH FL 34219

7. Name and Address of New Registered Agent

Name **Mary Ellen Harshbarger**
 Street Address (P.O. Box Number is Not Acceptable)
9511 32nd Ct E
Parrish
 City **FL** Zip Code **34219**

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

Mary Ellen Harshbarger, Sec/Treas.
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5-3-01
 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	VP	<input checked="" type="checkbox"/> Delete
NAME	ECKERT, SHAWN	
STREET ADDRESS	3010 95TH DR. E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, PATRICIA	
STREET ADDRESS	3110 95TH DR. E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	OD	<input type="checkbox"/> Delete
NAME	MARINO, JON	
STREET ADDRESS	9517 30TH CT. E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, JAMES	
STREET ADDRESS	3106 95 DRIVE EAST	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Fox	
STREET ADDRESS	3413 2nd Ct E	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ellen Harshbarger	
STREET ADDRESS	9511 32nd Ct E	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JON MARINO	
STREET ADDRESS	9517 30th Ct E	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE	Jeff Henson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OP	
STREET ADDRESS	9415 32nd Ct E	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE	Roger Geller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OP	
STREET ADDRESS	3613 95th Dr. E	
CITY-ST-ZIP	Parrish, FL 34219	
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:

Mary Ellen Harshbarger, Sec/Treas
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5-3-01

941/996-3232

CR2E037 (10/00)