

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

0066917

**DOCUMENT # N36500**

1. Entity Name

**ENCHANTED GROVE MOBILE HOME OWNERS ASSOCIATION.**

03-15-2001 90019 003 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**MORTON DOUGLASS**  
**5137 SCENIC HWY LOT 20**  
**LAKE WALES FL 33853**  
**US**

**EVELYN DOUGLASS**  
**5137 SCENIC HWY LOT 20**  
**LAKE WALES FL 33853**  
**US**

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

**59-3040746**

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

**DOUGLASS MORTON**  
**5137 SCENIC HWY LOT 20**  
**ENCHANTED GROVE MOBILE HOME OWNERS ASSOC.**  
**LAKE WALES FL 33853**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUGLASS MORTON	
STREET ADDRESS	5137 SCENIC HWY LOT 20	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DONALD	
STREET ADDRESS	5137 SCENIC HWY LOT 24	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOUGLASS EVELYN	
STREET ADDRESS	5137 SCENIC HWY LOT 20	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANN, RICHARD	
STREET ADDRESS	5137 SCENIC HWY LOT 16	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROUGH, ROBERT	
STREET ADDRESS	5137 SCENIC HWY LOT 80	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, DICK	
STREET ADDRESS	5137 N SCENIC HWY #19	
CITY-ST-ZIP	LAKE WALES FL	

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	
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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:

*Richard L. Mann*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-01

439-4155

CR2E037 (10/00)