

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90115 011 ****61.25

DOCUMENT # N37154

1. Entity Name

MICCO HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 451
ROSELAND FL 32957
US

Mailing Address

P.O. BOX 451
ROSELAND FL 32957
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 **65-0159684**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CUNNINGHAM, MIKE
5756 LINDSAY RD
MICCO FL 32976

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. 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

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 **P** ☒ Delete
NAME **ARENS, ED**
STREET ADDRESS **3700 BAY STREET**
CITY-ST-ZIP **MICCO FL 32976**

TITLE **V** ☐ Delete
NAME **CUNNINGHAM, MIKE**
STREET ADDRESS **5756 LINDSAY RD**
CITY-ST-ZIP **MICCO FL 32976**

TITLE **T** ☐ Delete
NAME **CANHAM, FLO**
STREET ADDRESS **1239 WATERWAY DR**
CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **D** ☐ Delete
NAME **GEE, DICK**
STREET ADDRESS **410 KUMQUAT DR**
CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **D** ☐ Delete
NAME **GWINN, GENE**
STREET ADDRESS **8520 US HWY 1 #C-12**
CITY-ST-ZIP **MICCO FL 32976**

TITLE **D** ☐ Delete
NAME **KASSNER, BOB**
STREET ADDRESS **8351 LOVE COURT**
CITY-ST-ZIP **MICCO FL 32976**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **ROGER G. BSAO**
STREET ADDRESS **9100 CENTRAL AVE.**
CITY-ST-ZIP **MICCO, FL 32976**

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

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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

UBR REQUIRED
CUNNINGHAM, MIKE

1/23

6772664-8364

CR2E037 (10/02)