

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90028 035 ****61.25

DOCUMENT # N37157

1. Entity Name

PINE LAKE OF LAKELAND MOBILE HOMEOWNERS ASSOCIAT

Principal Place of Business

Mailing Address

LAKE M. H. P.
 7805 US 98 N.
 LAKELAND FL 33809

% MURIEL DAN
 7805 US 98 N. LOT 60
 LAKELAND FL 33809-2164
 US

2. Principal Place of Business

3. Mailing Address

Pine Lake Mobile Hm.Pk

Wanda England

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7805 US 98 N

7805 US 98 N Lot 19

City & State

City & State

Lakeland, FL

Lakeland, FL

Zip

Zip

Country

Country

33809

Polk

33809

Polk

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAN, MURIEL
 7805 US 98 N.
 LOT 60
 LAKELAND FL 33809

Name

Wanda England

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

7805 US 98 N, Lot 19

City

Lakeland

FL

Zip Code
 33809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, BARBARA 7805 US 98 N #59 LAKELAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOST, KEITH 7805 US 98 N #43 LAKELAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEATON, NORMA 7805 US 98N #D69 LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, VIRGIL 7805 US 98 N #26 LAKELAND FL 33809	<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	PD Wayne Martin 7805 US 98 N Lot 09 Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Same Keith Yost	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Same Norma Heaton	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ed Penney 7805 US 98 N, Lot 48, Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
Wayne Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-00 863-858-787