

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90029 009 ****61.25

DOCUMENT # N38332

1. Entity Name

**MOBILE HOMEOWNERS ASSOCIATION OF RIVERLAWN TRAIL
ER PARK, INC.**

Principal Place of Business

Mailing Address

**8215 STONER ROAD
LOT 120
RIVERVIEW FL 33569**

**8215 STONER ROAD
LOT 640
RIVERVIEW FL 33569
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

59-3040209

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

CURRY & ASSOCIATES, P.A.

**LOT 403
BRANDON FL 33569-5221**

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 **D** ☐ Delete
NAME **CALE, KELLI**
STREET ADDRESS **8215 STONER RD #611**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☐ Change ☒ Addition
NAME **ZOE FLACKLER**
STREET ADDRESS **8215 STONER RD #802**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **D** ☐ Delete
NAME **KURCZODYNA, JOHN**
STREET ADDRESS **8215 STONER RD LOT 505**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☐ Change ☒ Addition
NAME **LANA MULLINO**
STREET ADDRESS **8215 STONER RD #742**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **D** ☒ Delete
NAME **BERRYMAN, LOIS**
STREET ADDRESS **8215 STONER RD #524**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE **C** ☐ Delete
NAME **REQUINTON, RICARDO**
STREET ADDRESS **8215 STONER RD. LOT 640**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RICARDO REQUINTON

4-14-02 813-623-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)