

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90192 043 \*\*\*\*61.25

**DOCUMENT # N38332**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CALE, KELLI</b> <b>8215 STONER RD #611</b> <b>RIVERVIEW FL 33569</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KURCZODYNA, JOHN</b> <b>8215 STONER RD LOT 505</b> <b>RIVERVIEW FL 33569</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>REQUINTON, RICARDO</b> <b>8215 STONER RD. LOT 640</b> <b>RIVERVIEW FL 33569</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZOE, FLACKLER</b> <b>8215 STONER RD. #802</b> <b>RIVERVIEW FL 33569</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MULLINO, LANA</b> <b>8215 STONER RD. #742</b> <b>RIVERVIEW FL 33569</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kellie Levy</b> <b>8215 Stoner RD # 817</b> <b>Riverview, FLA 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLAUDETTE Gladden</b> <b>8215 Stoner RD # 509</b> <b>Riverview, FLA 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/P</b> <b>David Levy</b> <b>8215 Stoner RD # 817</b> <b>Riverview, FLA 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZOE, FLACKLER</b> <b>8215 Stoner RD # 802</b> <b>Riverview FLA 33569</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>Ann Breyer</b> <b>8215 Stoner RD # 502</b> <b>Riverview, FLA. 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Loise St Dennis</b> <b>8215 Stoner RD # 540</b> <b>Riverview, FLA 33569</b>	<input type="checkbox"/> Change <input checked="" 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**

**4/3/03**

**(813) 671-0442**

CR2E037 (10/02)