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

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90177 020 ****61.25

DOCUMENT # N38565

1. Entity Name
CLINCH LAKE PARK RESIDENTS ASS., INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CLINCH LAKE MOBILE HOME PK.	1000 S. CLINCH LAKE BLVD #52A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FROSTPROOF FL	City & State: FROSTPROOF, FL
Zip: 33843 Country: POLK	Zip: 33843 Country: POLK

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LEE JAY COLLING

Street Address (P.O. Box Number is Not Acceptable): 682 MAITLAND AVE

City: ALTAMONTE SPRINGS FL Zip Code: 32701

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: Lee Jay Colling LEE JAY COLLING, ATTORNEY 1-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	P
NAME	PEGGY HARD
STREET ADDRESS	1000 S. CLINCH LAKE BLVD #9
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	VP
NAME	BARBARA COLE
STREET ADDRESS	1000 S. CLINCH LAKE BLVD. #14
CITY-ST-ZIP	FROSTPROOF, 33843
TITLE	S
NAME	DONALD HOWELL
STREET ADDRESS	1000 S. CLINCH LAKE BLVD. LOT 62
CITY-ST-ZIP	FROSTPROOF, 33843
TITLE	T
NAME	NANCY GRIFFEN
STREET ADDRESS	1000 S. CLINCH LAKE BLVD. #52A
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D
NAME	JAMES MCVICAR
STREET ADDRESS	1000 S. CLINCH LAKE BLVD. #26
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D
NAME	JOYCE MILLER
STREET ADDRESS	1000 S. CLINCH LAKE BLVD #72
CITY-ST-ZIP	FROSTPROOF, FL 33843

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donald G. Howell DONALD G. HOWELL 1-29-02 813-635-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #