## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 10, 2002 8:00 am Secretary of State **DOCUMENT # N41864** 1. Entity Name MOBILAND BY THE SEA HOMEOWNERS ASSOCIATION. INC. 05-10-2002 90029 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 2101 MOBILAND DRIVE 2101 MOBILAND DRIVE MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3106726 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAWLINS, MILDRED 2101 MOBILAND DRIVE **MELBOURNE FL 32935** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01 TITLE TITLE ☐ Delete ☐ Addition HOYT, RICHARD E NAME NAME 2089 MOBILAND DRIVE STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32935** CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition BATCHELOR, ELIZABETH NAME NAME 2104 MOBILAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32935** CITY-ST-ZIP TITLE Delete TITLE Addition Change RAWLINS, MILDRED NAME NAME 2101 MOBILAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32935** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SEDOR, STEVEN NAME NAME 4455 UTICA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition CARD, ROGER NAME NAME 2119 MOBILAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

4-22-02