2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90653 037 ****61.25

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DOCUMENT # N42766

1. Entity Name

HITCHING POST MOBILE HOME RENTERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
C/O ALICIA NEWMAN 15 MULESHOE NAPLES FL 34113-7900 US	C/O ALICIA NEWMAN 15 MULESHOE NAPLES FL 34113-7900 US

DO NOT WRITE IN THIS SPACE

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 65-0463360 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FELDON AND FELDEN
3838 TAMIAMI TRAIL NORTH
STE. 416
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Felden and Felden
Street Address (P.O. Box Number is Not Acceptable) 3838 Tamiami Trail N.
Suite 416
City Naples FL Zip Code 34103

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 Charles B. Felden Partner 3/20/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCGUIRE, MEL 14 PECOS TRAIL NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Marge DiFoia 5 Cimmaron Trail Naples, Fl. 34113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTIN, PATRICIA 17 OSAGE TRAIL NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mike DiFoia 5 Cimmaron Trail Naples Fl 34113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	+ VP NEWMAN, ALICIA 15 MULESHOE NAPLES FL change To VP from T	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Norma Collins 11 Pacos Trail Naples, Fl 34113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROLEWICZ, REGINIA 24 OSAGE TRAIL NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mary Helstad 10 Pecos Trail Naples, Fl 34113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELGSTAD, KEN 10 PECOS NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Alicia Newman 15 Muleshoe Naples, Fl. 34113	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RECHENBERG, RAY 16 PECOS TRL NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Regina, Brolewicz 24 Osage Trail Naples, Fl. 34113	☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Alicia Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #