

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90004 028 ****61.25

DOCUMENT # N46804

1. Entity Name

CAUSEWAY MOBILE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

601 SEAWAY DR.
 LOT MAA
 FORT PIERCE FL 34949

601 SEAWAY DR.
 LOT MAA
 FORT PIERCE FL 34949-3104

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

65-0379963

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

FOULKES, RALPH
601 SEAWAY DR LOT F5
LOT G5
FORT PIERCE FL 34949

Name

CHALIFOUX, RAY

Street Address (P.O. Box Number is Not Acceptable)

601 SEAWAY DRIVE

LOT F 12

City

FORT PIERCE

FL

Zip Code

34949

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 PD ☒ Delete
 NAME FULKES, RALPH
 STREET ADDRESS 601 SEAWAY DR LOT F5
 CITY-ST-ZIP FORT PIERCE FL 34949

TITLE PD ☒ Change ☐ Addition
 NAME CHALIFOUX, RAY
 STREET ADDRESS 601 SEAWAY DRIVE F 12
 CITY-ST-ZIP FORT PIERCE FL 34949

TITLE VD ☒ Delete
 NAME MOLNER, WILLIAM
 STREET ADDRESS 601 SEAWAY DR LOT F 7
 CITY-ST-ZIP FORT PIERCE FL 34949

TITLE VD ☒ Change ☐ Addition
 NAME STRAWN, RAY
 STREET ADDRESS 601 SEAWAY DRIVE G 11
 CITY-ST-ZIP FORT PIERCE FL 34949

TITLE S ☒ Delete
 NAME BATES, EILEEN
 STREET ADDRESS 601 SEAWAY LOT G 11
 CITY-ST-ZIP FORT PIERCE FL 34949

TITLE S ☒ Change ☐ Addition
 NAME LOIS McLEROY
 STREET ADDRESS 601 SEAWAY DRIVE D 18
 CITY-ST-ZIP FORT PIERCE FL 34949

TITLE TD ☐ Delete
 NAME GARMAN, JUNE
 STREET ADDRESS 601 SEAWAY DRIVE LOT H 23
 CITY-ST-ZIP FORT PIERCE FL 34949

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

TITLE T ☐ Delete
 NAME DEICHLER, RUTH
 STREET ADDRESS 601 SEAWAY DR. LOT G5
 CITY-ST-ZIP FORT PIERCE FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)