

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46804

1. Entity Name

CAUSEWAY MOBILE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

601 SEAWAY DR.  
LOT MAA  
FORT PIERCE FL 34949

Mailing Address

601 SEAWAY DR.  
LOT MAA  
FORT PIERCE FL 34949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PONTACK, ALBERT L  
601 SEAWAY DR E 6  
FORT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

9. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PONTACK, ALBERT J	
STREET ADDRESS	601 SEAWAY DR E 6	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRAWN, RAY	
STREET ADDRESS	601 SEAWAY DRIVE G 11	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAELLA, MILLIE	
STREET ADDRESS	601 SEAWAY DR G 24	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARMAN, JUNE	
STREET ADDRESS	601 SEAWAY DRIVE LOT H 23	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEICHLER, RUTH	
STREET ADDRESS	601 SEAWAY DR. LOT G5	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEILER, LYNDIA	
STREET ADDRESS	601 SEAWAY DRIVE F 18	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rushing, Donald	
STREET ADDRESS	601 SEAWAY DR E 26	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WECKELMAN, BERNIECE	
STREET ADDRESS	601 SEAWAY DR E 24	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Albert J. Pontack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 91172 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

4-1-02 467-1423