

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47957

1. Entity Name

**TAYLOR CREEK LODGE MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

2730 HWY 441 SE  
M.H. #26  
OKEECHOBEE FL 34972

Mailing Address

3975 S.E. 29TH WAY  
TAYLOR CREEK LODGE M.H. 26  
OKEECHOBEE FL 34974

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

**NOT APPLICABLE**

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

Name

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

City

**FL**

Zip Code

**COOK, JOHN R.  
202 NW 5TH AVE  
OKEECHOBEE FL 34972**

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 **LYNCH, DONALD**  
STREET ADDRESS **3860 S.E. 29TH WAY TAYLOR CREEK LODGE**  
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **VD** ☐ Delete  
NAME **KEEFER, MERLE**  
STREET ADDRESS **3975 S.E. 29TH WAY TAYLOR CREEK LODGE**  
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ Delete  
NAME **ERWAY, DONALD**  
STREET ADDRESS **3890 SW 29TH WAY**  
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ Delete  
NAME **EDMONDS, JAMES**  
STREET ADDRESS **3950 SE 29TH WAY**  
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ Delete  
NAME **BIEKER, GENIE**  
STREET ADDRESS **3875 SE 29TH WAY**  
CITY-ST-ZIP **OKEECHOBEE 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:

*Merle Keefe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90455 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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