

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91096 016 \*\*\*\*61.25

**DOCUMENT # N47957**

1. Entity Name

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



**DO NOT WRITE IN THIS SPACE**

**90054459**

2. Principal Place of Business  
2730 HGY 441 SE

Suite, Apt. #, etc.  
MH 25

City & State  
OKEECHOBEE, FL

Zip  
34972

Country  
U.S.

3. Mailing Address  
3955 SE 29th WAY

Suite, Apt. #, etc.  
MH25

City & State  
OKEECHOBEE, FL

Zip  
34974

Country  
U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Phillip V. Cunningham*

*Phillip V. Cunningham*

*3-8-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FEE IS \$41.25**  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CUNNINGHAM, PHILLIP V.  
3955 S E 29th WAY  
OKEECHOBEE FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
HOFBAUER, GENE L.  
3901 SE 29th WAY  
OKEECHOBEE FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ERWAY, DONALD  
3890 SE 29th WAY  
OKEECHOBEE FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EDMONDS, JAMES  
3950 SE 29th WAY  
OKEECHOBEE FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BIEKER, GENE  
3875 SE 29th WAY  
OKEECHOBEE FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Phillip V. Cunningham*

*03-8-03*

*863-763-1451*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

90054459

<b>DOCUMENT # N47957</b>			
<b>1. Entity Name</b> TAYLOR CREEK LODGE MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INC.			
<b>Principal Place of Business</b> 2730 HWY 441 SE M.H. #26 OKEECHOBEE, FL 34972		<b>Mailing Address</b> 3975 S.E. 29TH WAY TAYLOR CREEK LODGE M.H. 26 OKEECHOBEE, FL 34974	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3955 SE 29th Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State OKEECHOBEE, FL	
Zip	Country	Zip 34974	Country OKEECHOBEE
<b>4. FEI Number</b>		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
<b>6. Name and Address of Current Registered Agent</b>  COOK, JOHN R. 202 NW 5TH AVE OKEECHOBEE, FL 34972		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;">FL Zip Code</div>	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
SIGNATURE <i>Phillip V. Cunningham</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
<b>FILE NOW FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> LYNCH, DONALD <b>STREET ADDRESS</b> 3860 S.E. 29TH WAY TAYLOR CREEK LODGE <b>CITY-ST-ZIP</b> OKEECHOBEE, FL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> PHILLIP V. CUNNINGHAM <b>STREET ADDRESS</b> 3955 SE 29th Way <b>CITY-ST-ZIP</b> OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> KEEFER, MERLE <b>STREET ADDRESS</b> 3975 S.E. 29TH WAY TAYLOR CREEK LODGE <b>CITY-ST-ZIP</b> OKEECHOBEE, FL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VD <b>NAME</b> GENE L. HOFBAUER <b>STREET ADDRESS</b> 3901 SE 29th Way <b>CITY-ST-ZIP</b> OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> ERWAY, DONALD <b>STREET ADDRESS</b> 3890 SW 29TH WAY <b>CITY-ST-ZIP</b> OKEECHOBEE, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> EDMONDS, JAMES <b>STREET ADDRESS</b> 3950 SE 29TH WAY <b>CITY-ST-ZIP</b> OKEECHOBEE, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> BIEKER, GENIE <b>STREET ADDRESS</b> 3875 SE 29TH WAY <b>CITY-ST-ZIP</b> OKEECHOBEE, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>			
<b>SIGNATURE:</b> <i>Phillip V. Cunningham</i> <i>Phillip V. Cunningham</i> 3-4-03 (863) 763-1451 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CRZE037 (10/02)