

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001868

1. Entity Name

HAINES CITY PARK MOBILE HOME OWNERS ASSOCIATION,

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90507 021 ****61.25

Principal Place of Business

Mailing Address

1300 POLK CITY RD.
LOT 128
HAINES CITY FL 33844
US

1300 POLK CITY RD.
LOT 128
HAINES CITY FL 33844
US

2. Principal Place of Business

3. Mailing Address

1300 POLK CITY RD

1300 POLK CITY RD

Suite, Apt. #, etc.

LOT 83

Suite, Apt. #, etc.

LOT 83

City & State

HAINES CITY FL

City & State

HAINES CITY FL

Zip

33844

Country

Zip

33844

Country

4. FEI Number

65-0421045

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

TAYLOR, BARBARA J
1300 POLK CITY RD LOT #83
HAINES CITY FL 33844

Name

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

City

FL

Zip Code

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 TAYLOR, BARBARA J

Barbara J. Taylor

12 MAR 01

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 SD
NAME LEGALLEY, EILEEN
STREET ADDRESS 1300 POLK CITY RD. LOT #162
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

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

TITLE TD
NAME TAYLOR, BARBARA J
STREET ADDRESS 1300 POLK CITY RD #83
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

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

TITLE D
NAME KACHMARIK, ROBERT
STREET ADDRESS 1300 POLK CITY RD LOT 127
CITY-ST-ZIP HAINES CITY FL ☒ Delete

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

TITLE PD
NAME DON MASON
STREET ADDRESS 1300 POLK CITY RD LOT 133
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Delete

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

TITLE VPD
NAME COLLINS, ALBERT
STREET ADDRESS 1300 POLK CITY RD. LOT #137
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Delete

TITLE PD
NAME COLLINS ALBERT
STREET ADDRESS 1300 POLK CITY RD LOT 137
CITY-ST-ZIP HAINES CITY FL 33844 ☒ Change ☐ Addition

TITLE S
NAME ~~CANTERBURY CAROL~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME CANTERBURY CAROL
STREET ADDRESS 1300 POLK CITY RD LOT 167
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Mar 01

Date Daytime Phone #

CR2E037 (10/00)