

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90115 045 ****61.25

DOCUMENT # N93000001868

1. Entity Name

HAINES CITY PARK MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**1300 POLK CITY ROAD
LOT 83
HAINES CITY FL 33844
US**

Mailing Address

**1300 POLK CITY ROAD
LOT 83
HAINES CITY FL 33844
US**

2. Principal Place of Business

1300 POLK CITY RD

3. Mailing Address

1300 POLK CITY RD

Suite, Apt. #, etc.

LOT 167

Suite, Apt. #, etc.

LOT 167

City & State

HAINES CITY, FL

City & State

HAINES CITY, FL

Zip

33844

Country

U.S.

Zip

33844

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name
CANTERBURY, CAROL S

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

1300 POLK CITY RD

LOT 167

City

HAINES CITY

FL

Zip Code

33844

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

Carol S. Canterbury, Secretary

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

(NOTE: Registered Agent signature required when registering)

2/25/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, BARBARA J	
STREET ADDRESS	1300 POLK CITY RD #83	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLINS, ALBERT	
STREET ADDRESS	1300 POLK CITY RD. LOT 137	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	S	<input type="checkbox"/> Delete
NAME	CANTERBURY, CAROL	
STREET ADDRESS	1300 POLK CITY RD, LOT 167	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSBORNE, JACKIE	
STREET ADDRESS	1300 POLK CITY RD LOT #35	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LAWRENCE	
STREET ADDRESS	1300 POLK CITY RD. #240	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE OSBORNE	
STREET ADDRESS	1300 POLK CITY RD. #35	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORNE COLLINS	
STREET ADDRESS	1300 POLK CITY RD #144	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIMES, JUANITA	
STREET ADDRESS	1300 POLK CITY RD #270	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIMEAU, GORDON	
STREET ADDRESS	1300 POLK CITY RD #129	
CITY-ST-ZIP	HAINES CITY, FL 33844	

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:

Carol S. Canterbury, Secretary **2/25/03 863-422-1221**

CR2E037 (10/02)

ADDITIONAL DIRECTOR

D

LEIMGRUBER, HELEN
1300 POLK CITY RD #172
HAINES CITY, FL 33844

Attachment

N93000001868

90037256