

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002239

1. Entity Name

PARK FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

325 INDIAN RIVER LANE SUITE 4
ENGLEWOOD FL 34223

Mailing Address

325 INDIAN RIVER LANE SUITE 4
ENGLEWOOD FL 34223-7162

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

65-0451201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COREY, VIRTINE
254 PARK FOREST BLVD
ENGLEWOOD FL 43223

7. Name and Address of New Registered Agent

Name

JUDITH M. BOTTLES

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

253 PARK FOREST BLVD

City

ENGLEWOOD

FL

Zip Code

34223

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

Judith M. Bottles

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-12-00

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	P	☒ Delete
NAME	HANKNER, RAYMOND	
STREET ADDRESS	296 PARK FOREST BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 43223	
TITLE	VP	☐ Delete
NAME	HOLMAN, WILLARD	
STREET ADDRESS	276 PARK FOREST BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 43223	34223
TITLE	DS	☒ Delete
NAME	COREY, VIRTINE	
STREET ADDRESS	255 PARK FOREST BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 43223	
TITLE	T	☒ Delete
NAME	DOYLE, ELAINE	
STREET ADDRESS	254 PARK FOREST BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 43223	
TITLE	D	☒ Delete
NAME	JOHNSON, MICHAEL J	
STREET ADDRESS	P.O. BOX 21238 N/A	
CITY-ST-ZIP	SARASOTA FL 34276-4238	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	JOHN D. WALTER	
STREET ADDRESS	273 PARK FOREST BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	☒ Change ☐ Addition
NAME	JUDITH M. BOTTLES	
STREET ADDRESS	253 PARK FOREST BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	T	☒ Change ☐ Addition
NAME	ROBERT J. TRUDEAU	
STREET ADDRESS	294 PARK FOREST BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	☒ Change ☐ Addition
NAME	JAMES COLBY	
STREET ADDRESS	293 PARK FOREST BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/00 941-475-3511

CR2E037 (9/99)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90044 005 ****61.25



DO NOT WRITE IN THIS SPACE