

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90074 008 \*\*\*\*61.25

DOCUMENT # N93000002792

1. Entity Name

TALL OAKS MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

525 BAREFOOT WILLIAMS RD  
#002  
NAPLES FL 34113  
US

Mailing Address

525 BAREFOOT WILLIAMS RD  
#002  
NAPLES FL 34113  
US

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 65-0419990

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

SCHLUNTE, IRV  
525 BAREFOOT WILLIAMS RD  
#163  
NAPLES FL 34113

Name  
FRANK MCQUADE  
Street Address (P.O. Box Number is Not Acceptable)  
525 BAREFOOT WMS RD #126  
City Naples FL Zip Code 34113

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: *Frank McQuade*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-01

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	<input checked="" type="checkbox"/> Delete
NAME	SCHLUNTZ, IRV	
STREET ADDRESS	525 BAREFOOT WMS RD #163	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRUBER, DONNA	
STREET ADDRESS	525 BAREFOOT WMS RD #96	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RIS, MAUREEN	
STREET ADDRESS	525 BAREFOOT WMS RD #165	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEUSCHNER, CAROL	
STREET ADDRESS	525 BAREFOOT WMS RD #114	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK MCQUADE	
STREET ADDRESS	525 BAREFOOT WMS RD #126	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Hicks	
STREET ADDRESS	525 BAREFOOT WMS RD #007	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA M. GILDY	
STREET ADDRESS	525 BAREFOOT WMS RD #185	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL ANN DUFFY	
STREET ADDRESS	525 BAREFOOT WMS RD #162	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank McQuade*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01 (941) 417-9588  
Date Daytime Phone #

CR2E037 (10/00)