

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002792**

1. Entity Name

TALL OAKS MOBILE HOME OWNERS ASSOCIATION, INC.**FILED****Mar 11, 2002 8:00 am**
Secretary of State

03-11-2002 90084 010 ****61.25

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

**MCQUADE, FRANK
525 BAREFOOT WILLIAMS RD
#163
NAPLES FL 34113**

7. Name and Address of New Registered Agent

Virgil Alves
Street Address (P.O. Box Number is Not Acceptable)**525 Barefoot Wms Rd #173****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 **Virgil Alves Pres.**

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

Virgil Alves

(NOTE: Registered Agent signature required when reinstating)

02-21-02

DATE

FILE NOW: FEE IS \$61.259. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MCQUADE, FRANK	
STREET ADDRESS	525 BAREFOOT WMS RD #163	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HICKS, GEORGE	
STREET ADDRESS	525 BAREFOOT WMS RD #96	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDY, THERESA M	
STREET ADDRESS	525 BAREFOOT WMS RD #165	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUFFY, CAROL ANN	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virgil Alves	
STREET ADDRESS	525 Barefoot Wms Rd #173	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK MCQUADE	
STREET ADDRESS	525 Barefoot Wms. Rd #163	
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		
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:

Theresa M. Goldy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941
732-9348**

CR2E037 (9/01)