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

DOCUMENT #

FILED Apr 10, 2002 8:00 am Secretary of State

Julia Park Mobile Home owners ASSOCIATION, Inc.			04-10-2002 90364 032 ****61.25		
DO NOT WRITE IN THIS SPACE			828518		
Principal Place of Business 3. Mailing Address 16531 Johnson		1000		•	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State City & State		(ers ; FL 4. FEI Number Applied For Not Applicab			
Zip Country Zip 333	7/7 County	ry _	5. Certificate of Sta	\$9.75 Additional	
		Name .		as of Current Registered Agent	
DO NOT WRITE		Street Address (P.O. Box Number is Not Acceptable)			
in this space		Lot 59			
		City N. Fort Myers FL Zip Soding 17			
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					
				DATE	
FEE IS \$61.25 9. Election Camp Initial or Amondod UBN Trust Fund Cor			\$5.00 May Be Added to Fees	Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS	TIDE				
NAME VILM SURVINSOR	TITLE NAME				
STREET ADDRESS 16531 JOHNSON LK. LOT 59 CITY-ST-ZIP N. FORT MYERS. FL 33917		ADDRESS - ZIP			
mie 20-Chairman				· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS 16500 SLOCKER Rd LOE28		NODRESS	·		
WINDERINES, 12 John		-ZIP			
NAME BORNIE Brinsley Lot 45			4. a. a.	المراجع المستروعين والمستحاب والمراجع	
CITY-ST-ZIP W. Fort M Vers . Fl 33917		address -Zip	do not write		
TITLE BOOK Merkory NAME Roland Beauvais			IN T	THIS SPACE	
STREET ADDRESS 16500 Slater Rd Lot 14		VDDRESS	164 5		
CITY-SI-ZIP W. Fort Myers, FL: 3391.7		ZIP			
NAME Jay Pete Metz			,		
STREET ADDRESS /6439 SOKASON LA LOTES CITY-ST-ZIP 11 To Myong F1 33017		NDORESS			
THE Board Member		-ZIP		•	
	33917 CITY-ST	-ZIP	_ 		
NAME Pictorial L. Smit	33917 CITY-ST		<u></u>		

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 squired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: