

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90058 025 \*\*\*\*61.25

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DOCUMENT # N95000004260

1. Entity Name

KIRKWOOD PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

200 LAKE MORTON DRIVE  
LAKELAND FL 33801

Mailing Address

100 S. KENTUCKY AVENUE  
SUITE 250  
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

630 Kirkwood Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Lakeland, FL

4. FEI Number

59-3368943

Applied For

Not Applicable

Zip

Country

Zip

Country

33813

Polk

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

MARTIN, E. SNOW JR.  
200 LAKE MORTON DRIVE  
LAKELAND FL 33801

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME JENKINS, DON  
STREET ADDRESS 630 KIRKWOOD COURT  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME MOORE, HAROLD  
STREET ADDRESS 2410 CYPRESS LAKE  
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME MCKAY, SARAH D...  
STREET ADDRESS 100 S KENTUCKY AVE STE 250  
CITY-ST-ZIP LAKELAND FL 33801 ☒ Delete

TITLE STD  
NAME Gregg Percoco  
STREET ADDRESS 635 Kirkwood Court  
CITY-ST-ZIP Lakeland, FL 33813 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Don Jenkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2002

Date

(863) 648-5979

Daytime Phone #

CR2E037 (9/01)