

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001121

1. Entity Name

BAHIA OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90009 042 ****61.25

Principal Place of Business

Mailing Address

5911 S W 61ST PLACE
OCALA FL 34474
US

P O BOX 771693
OCALA FL 34477-1693
US

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3371761

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAYLOR, JAMES
5911 S W 61ST PLACE
OCALA FL 34474

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 P
NAME TAYLOR, JAMES
STREET ADDRESS 5911 S W 61ST PLACE
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

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

TITLE V
NAME VOTINO, NICK
STREET ADDRESS 5950 SW 63RD LANE RD
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

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

TITLE D
NAME LOSCO, STAN
STREET ADDRESS 5741 SW 63RD ST.
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

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

TITLE D
NAME IWAN, THAD
STREET ADDRESS 5710 SW 63RD ST.
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

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

TITLE D
NAME MCKAY, NORMAN
STREET ADDRESS 5831 SW 61ST PLACE
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

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

TITLE D
NAME LEACH, NORMAN
STREET ADDRESS 5731 SW 63RD ST.
CITY-ST-ZIP Ocala FL 34474 ☐ 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:

W. Mark Appleby
W. Mark Appleby
Jan 11, 2000
352-861-4856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/99)