

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91508 018 ****61.25

DOCUMENT # N96000001121

1. Entity Name

BAHIA OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**5911 S W 61ST PLACE
 Ocala FL 34474
 US**

Mailing Address

**P O BOX 771693
 Ocala FL 34477-693
 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

59-3371761

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

**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	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES	
STREET ADDRESS	5911 S W 61ST PLACE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ELLIOT, FRED	
STREET ADDRESS	5801 S. W 64TH LN RD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOTINO, NICK	
STREET ADDRESS	5950 S.W. 63RD LN RD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	TULLI, RALPH	
STREET ADDRESS	5801 S.W. 61ST PLACE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKAY, NORMAN	
STREET ADDRESS	5831 SW 61ST PLACE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEACH, NORMAN	
STREET ADDRESS	5731 SW 63RD ST.	
CITY-ST-ZIP	OCALA FL 34474	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOTINO, NICK	
STREET ADDRESS	5950 SW 63rd Lane Road	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leighton, William	
STREET ADDRESS	5731 SW 61st Place	
CITY-ST-ZIP	Ocala, FL. 34474	
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2001 352-237-8315
 Date Daytime Phone #

CR2E037 (9/01)