

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91087 013 ****61.25

DOCUMENT # N97000000343

1. Entity Name

ALDEN PINES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**5400 PINE ISLAND ROAD
SUITE D
BOKEELIA FL 33922**

Mailing Address

**5400 PINE ISLAND ROAD
SUITE D
BOKEELIA FL 33922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0655358**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WAGGONER, PAUL H
5400 PINE ISLAND ROAD
SUITE D
BOKEELIA FL 33922**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KRIEG, MARK K SR**
STREET ADDRESS **14319 CLUBHOUSE DRIVE**
CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE **D** ☒ Delete
NAME **SANNER, RICHARD E**
STREET ADDRESS **7748 GRANDE PINE ROAD**
CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE **STOBER, ANNA** ☐ Change ☒ Addition
NAME **STOBER, ANNA**
STREET ADDRESS **7463 GRAND PINE ROAD**
CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE **D** ☐ Delete
NAME **CABLE, CATHERINE**
STREET ADDRESS **14075 BOKEELIA ROAD**
CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE **D** ☐ Delete
NAME **BLUETT, BEVERLY**
STREET ADDRESS **14391 TAMARAC DR**
CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE **D** ☐ Delete
NAME **COX, KENNETH**
STREET ADDRESS **7660 GRANDE PINE RD**
CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kenneth C. Cox **KENNETH C. COX** 1/15/03 (239) 283-2541

CR2E037 (10/02)