

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002297

1. Entity Name

MORGAN'S HOMEOWNERS ASSOCIATION, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90128 031 ****61.25

0081689

Principal Place of Business Mailing Address
MORGAN'S MH PARK MORGAN'S MH PARK
04059-32 PICCIOLA ROAD 04059-32 PICCIOLA ROAD
FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731
US 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 59-3440062 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERMAN, ARTHUR
04059-32 PICCIOLA RD
FRUITLAND PARK FL 34731

7. Name and Address of New Registered Agent

Name Mary Kaye Phillips
Street Address (P.O. Box Number is Not Acceptable) 04059-32 Picciola Road
City Fruitland Park FL Zip Code 34731

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 *Mary Kaye Phillips* Mary Kaye Phillips, Secretary 4-5-01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADDOX, COVA 04059-35 PICCIOLA RD FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARRELL, OWEN 04059-17 PICCIOLA RD FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMBERT, BARBARA 13707 22ND ST DADE CITY FL 33525 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEE, CATHY 04056-10 PICCIOLA RD FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, ARTHUR 04059-49 PICCIOLA ROAD FRUITLAND PARK FL 34731 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Phillips, Mary Kaye 04059-32 Picciola Road Fruitland Park, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Braden, Walter 04059-39 Picciola Road Fruitland Park, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Kaye Phillips* Mary Kaye Phillips, Secretary 4-5-01 352-787-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)