

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001295

Entity Name

LITTLE MANATEE ISLES MANUFACTURED HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

2821 GULF CITY RD #7  
RUSKIN FL 33570

2821 GULF CITY RD #7  
RUSKIN FL 33570

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3504934

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

Name

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

City

FL

Zip Code

SNYDER, ROBERT  
2821 GULF CITY RD #7  
RUSKIN FL 33570

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	S	<input type="checkbox"/> Delete
NAME	KING, BEVERLY	
STREET ADDRESS	2821 GULF CITY RD., #69	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	AD	<input type="checkbox"/> Delete
NAME	SAVAGE, FRANK	
STREET ADDRESS	2821 GULF CITY ROAD #148	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SNYDER, ROBERT F	
STREET ADDRESS	2821 GULF CITY RD., #7	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELL, GRETA A	
STREET ADDRESS	2821 GULF CITY RD., #17	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORSTMAN, MARY	
STREET ADDRESS	2821 GULF CITY RD., #86	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FRYE, AL	
STREET ADDRESS	2821 GULF CITY RD., #96	DECEASED
CITY-ST-ZIP	RUSKIN FL 33570	

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		
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		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL SNYDER	
STREET ADDRESS	2821 GULF CITY RD #7	
CITY-ST-ZIP	RUSKIN FL 33570	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90076 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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FEB 5/2002 641-1756