

DOCUMENT # N98000002497

1. Entity Name

FLORAHOME RECREATION AND PARKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 82
FLORAHOME FL 32140

P O BOX 82
FLORAHOME FL 32140-0082

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

59-3515508

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

PETERSON, AMANDA
184 EASY ST
FLORAHOME FL 32140

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 ☐ Delete
NAME C
STREET ADDRESS HABNER, JAMES D
CITY-ST-ZIP 124 N SIPPRESS RD
FLORAHOME FL 32140

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

TITLE ☐ Delete
NAME S
STREET ADDRESS PETERSON, AMANDA
CITY-ST-ZIP 184 EASY ST
FLORAHOME FL 32140

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARNES, RONNIE
CITY-ST-ZIP 507 CORAL FARMS RD
FLORAHOME FL 32140

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

TITLE ☒ Delete
NAME T
STREET ADDRESS UNDERWOOD, LORI
CITY-ST-ZIP 250 TSBR
FLORAHOME FL 32140

TITLE ☒ Change ☐ Addition
NAME Christina Hubner
STREET ADDRESS 124 N Sippres Rd
CITY-ST-ZIP Florahome, FL 32140

TITLE ☒ Delete
NAME D
STREET ADDRESS DIXON, LINDA
CITY-ST-ZIP 1151 CORAL FARMS RD
FLORAHOME FL 32140

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Betty Carnes
CITY-ST-ZIP 507 Coral Farms Rd
Florahome, FL 32140

TITLE ☒ Delete
NAME D
STREET ADDRESS DIXON, LINDA
CITY-ST-ZIP 1151 CORAL FRMS RD
FLORAHOME FL 32140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90033 034 ****61.25



DO NOT WRITE IN THIS SPACE

3/27/00 (904) 325-2041