

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90941 003 \*\*\*\*61.25

**DOCUMENT # N98000005071**

1. Entity Name

**ELMWOOD SENIORS MOBILE HOME PARK HOMEOWNERS ASSO**

Principal Place of Business

Mailing Address

**33 S. NOVA ROAD, #35  
 DAYTONA BEACH FL 32119**

**3300 S. NOVA RD.  
 60  
 DAYTONA BEACH FL 32119-3128**

2. Principal Place of Business

**3300 So NOVA RD.**

3. Mailing Address

**3300 So NOVA RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LOT 60**

City & State

**DAYTONA BEACH FL.**

City & State

**DAYTONA BEACH FL**

4. FEI Number

**59-3557338**

Applied For

Not Applicable

Zip

**32119**

Country

**FLORIDA**

Zip

**32119**

Country

**FLORIDA**

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

**DAVIS, WILDA J  
 3300 S. NOVA RD. LOT 60  
 DAYTONA BEACH FL 32119**

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 **VPD**  Delete  
 NAME **CARUSO, RON**  
 STREET ADDRESS **3300 S. NOVA RD. 4**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **DIRECTOR**  Change  Addition  
 NAME **JACKIE COTTELL**  
 STREET ADDRESS **3300 So NOVA RD. LOT 17**  
 CITY-ST-ZIP **DAYTONA BEACH, FL. 32119**

TITLE **TD**  Delete  
 NAME **SANFORD, MARTHA**  
 STREET ADDRESS **3300 S. NOVA RD. 55**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **DAVIS, WILDA J**  
 STREET ADDRESS **3300 S. NOVA RD. 60**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **GASCON, ROLAND**  
 STREET ADDRESS **3300 S. NOVA RD. 76**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **SANFORD, MARTHA**  
 STREET ADDRESS **3300 S. NOVA RD. 55**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **SANFORD, MARTHA**  
 STREET ADDRESS **33 S. NOVA ROAD, #35**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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:

*Wilda J. Davis*  
**WILDA J. DAVIS**

**4-14-2000**

**904-760-2166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)