

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

FILED
Sep 05, 2003 8:00 am
Secretary of State

0015648

DOCUMENT # N99000000860

1. Entity Name

RICHMAR PROPERTY OWNERS' ASSOCIATION, INC.



05-01-2003 90313 022 ****61.25

Principal Place of Business

**8055 DOROTHY AVENUE
NORTH PORT FL 34287**

Mailing Address

**8055 DOROTHY AVENUE
NORTH PORT FL 34287**

55055783



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

11562 SW DALLAS DR. N.

Suite, Apt. #, etc.

3. Mailing Address

11562 SW DALLAS DR. N.

Suite, Apt. #, etc.

City & State

LAKE SUZT, FLORIDA

City & State

LAKE SUZT, FLORIDA

Zip

34269

Country

USA

Zip

34269

Country

USA

4. FEI Number **65-1004567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEISER, MARLENE J
8055 DOROTHY AVENUE
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name **LYNDON REINWALD**

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

11562 SW DALLAS DRIVE NORTH

City **LAKE SUZT**

FL

Zip Code
34269

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, type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE **DP** ☒ Delete
NAME **WIESER, MARLENE J**
STREET ADDRESS **8055 DOROTHY AVENUE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **DS** ☒ Delete
NAME **WIESER, CLARENCE J**
STREET ADDRESS **WIESER CLARENCE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **D** ☒ Delete
NAME **KNOX, ROBERT E**
STREET ADDRESS **8135 MOSSBORGER**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **REINWALD, LYNDON C.**
STREET ADDRESS **11562 SW DALLAS DRIVE NORTH**
CITY-ST-ZIP **LAKE SUZT, FLORIDA 34269**

TITLE **DS** ☒ Change ☐ Addition
NAME **REINWALD BETTI J.**
STREET ADDRESS **11562 SW DALLAS DRIVE NORTH**
CITY-ST-ZIP **LAKE SUZT, FLORIDA 34269**

TITLE **D** ☒ Change ☐ Addition
NAME **BAILEY, CHARLES**
STREET ADDRESS **7001 142ND AVE NORTH #183**
CITY-ST-ZIP **LAKE SUZT, FLORIDA 33771**

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

TITLE ☐ Change ☐ Addition
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:

LYNDON REINWALD

SEPTEMBER 2, 2003 941-391-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)