

# 2001, UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90048 025 \*\*\*\*70.00

**DOCUMENT # N99000001757**

1. Entity Name

**PLANTATION OAKS MOBILE HOMEOWNERS' ASSOCIATION,**

Principal Place of Business

Mailing Address

**315 ABYHARA AVENUE  
 SEFFNER FL 33584**

**315 ABYHARA AVENUE  
 SEFFNER FL 33584**

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

**59-3585065**

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

**BOWMAN, SANDRA  
 315 ABYHARA AVENUE  
 SEFFNER FL 33584**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 BOWMAN, SANDRA  
 315 ABYHARA AVENUE  
 SEFFNER FL 33584** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPD  
 STALLS, HENRY H  
 415 ALASTAR CIRCLE  
 SEFFNER FL 33584** ☒ Delete *Passed AWAY*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPD  
 Jordan, John  
 128 ALAFARA Street  
 Seffner FL 33584** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 MEISENBURG, DOROTHEA  
 130 ALAFARA STREET  
 SEFFNER FL 33584** ☒ Delete *Passed AWAY*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SO  
 Smith, Bonnie  
 237 Aladana Ave.  
 Seffner FL 33584** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 LAMONT, DONALD  
 128 ALAFARA ST  
 SEFFNER FL 33584** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 KERSLAKE, FRED R  
 321 ABYHARA AVENUE  
 SEFFNER FL 33584** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 CALENDINE, JIM  
 324 ABYHARA AVE  
 SEFFNER FL 33584** ☒ Delete *Passed AWAY*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Fritz, Charles  
 256 Aladana Ave.  
 Seffner FL 33584** ☒ Change ☐ 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:** *Sandra Bowman, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-01 813-661-6013**  
 Date Daytime Phone #

CR2E037 (10/00)