

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90106 015 ****70.00

DOCUMENT # N99000007209

1. Entity Name

RANCHO MARGATE MOBILE HOME ESTATES ASSOCIATION, INC.



Principal Place of Business

**RANCHO MARGATE
2900 N STATE ROAD 7
MARGATE FL 33063**

Mailing Address

**PO BOX 934443
MARGATE FL 33063**

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 **95-2057602**

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

**BUSHNELL, PAMELA A
2838 SAN MIGUEL
MARGATE FL 33063**

Name **ARMEDA COHEN**

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

5601 SANTA MARIA

City **MARGATE**

FL

Zip Code **33063**

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 *Armida Cohen, President*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/07/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/T** ☒ Delete
NAME **BUCCI, EDWARD**
STREET ADDRESS **5607 MESA VERDE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☒ Delete
NAME **JONES, JACK**
STREET ADDRESS **5534 BUENA VISTA**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **VOTTA, EVA**
STREET ADDRESS **5581 LOS CAMPOS**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **P** ☐ Delete
NAME **BUSHNELL, PAMELA**
STREET ADDRESS **2838 SAN MIGUEL**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **ALFANO, MARTHA**
STREET ADDRESS **2790 RIO NUEVO**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VP** ☐ Delete
NAME **COHEN, ARMEDA**
STREET ADDRESS **5601 SANTA MARIA**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **T** ☐ Change ☒ Addition
NAME **NOEL, MAUREEN**
STREET ADDRESS **2925 RIO BLANCA**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **D** ☐ Change ☒ Addition
NAME **TIEDERMAN, SANDI**
STREET ADDRESS **5611 LOS CAMPOS**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **VP** ☒ Change ☐ Addition
NAME **<**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **CROWLEY, JOAN**
STREET ADDRESS **2989 EL RANCHO**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **P** ☒ 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: *Maureen Noel* **REQUIRED**

1/7/03 954 975-6882

CR2E037 (10/02)