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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 521601 1. Corporation Name

BLUE HORIZON MOBILE HOME PARK, INC.

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5145 EAST BAY DRIVE CLEARWATER FL 34624			PO BOX 20003 ST PETERSBURG FL 33742 US				,				€ ; '	
							DO NOT WRITE IN THIS SPACE					
		00	•				3. Date Incom	orated or Quali	fed			
							01/05/19	77				
2. Principal P	Place of Business	2a	, Mailing Address				4. FEI Numbe			.] [Applied F	or
21		26	•				59-1706	720			Not Applic	cable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						, n	\$8.7	5 Addition	nal
22	,	27	·				5. Certificate of	of Status Desire	d □ .	Fee	Required	
City & Stat	te		City & State	,			6, Election Ca	mpaign Financi	ing [\$5.0	0 May B	e
23		28					Trust Fund	Contribution	· U	Adde	ed to Fees	s .
Zip	Coun	itry	Zip	Cou	ntry		8. This corpor	ration owes the	current year I	ntangible		
24	25	29		30			Personal P	roperty Tax.		☐ Yes	□No	
		ress of Current Regis	stered Agent			·	10. Name and	Address of Ne	w Registere	d Agent		
					81 N	Name						
	CH, LEON O				82 5	Stroot Addr	ess (P.O. Box Nu	mher is Not Acc	entable)			
	EAST BAY DRIVE					Sireel Addin	655 (F.O. BOX NO	THE STREET AND ACCU	opianoj s Primario de takat	5 3 5 9 5 5 7 5	10. <u>201</u> 0 - 1. 21	u 3534
CLE	arwater FL 33516	6			83		146	14. 海流线管				(23)
								The state of the s				1 1999
					84 (City			F	85 4	ip Còde	
44. Duraniant	to the provisions of Se	actions 607 0502 and 6	S07 1508 Florida State	ites the a	bove-n	named come	oration submits th	is statement for	the purpose	of changing	its registe	ered
office or r	registered agent, or bo	th, in the State of Flori	da. Such change was	authorized	i by the	e corporatio	on's board of direc	tors. I hereby a	ccept the app	ointment as	registere	d
agent. I a	am familiar with, and a	ccept the obligations of	f, Section 607.0505, F	lorida Stat	utes.			•				
01011471105												
SIGNATURE									DATE			_
	Signature, typed or printed na	me of registered agent and title	·		Agent sig	gnature required	d when reinstating)		DATE	ND DIPEC	TOPS IN	12
12.	Signature, typed or printed na	one of registered agent and title OFFICERS AND DIRI	ECTORS	13.		gnature required	ADDITIONS	/CHANGES TO				
12.	Signature, typed or printed na	OFFICERS AND DIRE	·	13.	TLE	gnature required		/CHANGES TO		AND DIREC		12 Addition
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12. TITLE NAME STREET ADDRESS	PD WELCH, LEON O. 5145 EAST BAY I. CLEARWATER FL. STD	OFFICERS AND DIRI DRIVE	ECTORS	13. 1.1 TO 1.2 No 1.3 S	TLE AME FREET AD TY-ST-ZI	DDRESS	ADDITIONS	/CHANGES TO			ge [] <i>A</i>	
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14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

1/20/1999

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90053 038 ***150.00

(727)521-2438