2000 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2000 8:00 am Secretary of State DOCUMENT # 708303 1. Entity Name CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIATION, INC 02-05-2000 90037 013 ****61.25 Principal Place of Business Mailing Address 93089 5TH ST. 9301 49 STREET NORTH PINELLAS PARK FL 33782-5237 PINELLAS PARK FL 34666 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 70-8303621 Country Country: \$8:75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ScHAEFER Ricia ss (P.O. Box Number is Not Acceptable) SUZANNE GOLDER 93097 5TH ST PINELLAS PARK FL 33782 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. 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TITLE **LEON POITRAS** NAME NAME STREET ADDRESS STREET ADDRESS 93252 CIR CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Change Delete TITLE TITLE NAME ALLEN, SHELDON NAME STREET ADDRESS STREET ADDRESS 93200-FIRST-ST---CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 **VPD** TITI F GARLOW, KATHERINE TITLE Delete 93203 105 STREET NAME LACHANCE, FERN NAME STREET ADDRESS STREET ADDRESS **93084 6TH STREET** PINGLEAS PARK, FL 33782 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL PATRICIA L. SCHAEFER & Change ☐ Delete TITLE TITLE SUZANNE GOLDER NAME 93110 5 STREET NAME STREET ADDRESS STREET ADDRESS 93097 5TH ST PINGLLAS PARK, FL 33782 CITY-ST-7IP CITY-ST-ZIP PINELLAS PARK FL 33782 Addition TITLE ☐ Delete TITLE DARLENE JENSEN NAME NAME BAKER, JANET 93186 2nd STREET STREET AODRESS 93137 FORUTH ST STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-7IP CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12:, Libereby 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:

SIGNATURE INDEPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

FILED

727-544-8787