

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


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91477 013 \*\*\*\*61.25

2003000

**DOCUMENT # 761893**

1. Entity Name  
**TRAILER VILLA TENANTS ASSOCIATION, INC.**



Principal Place of Business  
**803 52ND AVE  
PLAZA W  
BRADENTON FL 34207  
US**

Mailing Address  
**803 52ND AVE  
PLAZA W  
BRADENTON FL 34207  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip **34207** Country **Manatee**

Zip Country  
**USA**

4. FEI Number **65-0035684**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, MABLE W  
803 52ND AVE  
PLAZA W  
BRADENTON FL 34207**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mable W Davis - Same DATE 4-10-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, MABLE W</b>	
STREET ADDRESS	<b>803 52ND AVE PLAZA W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RHODE, EVERETT</b>	
STREET ADDRESS	<b>5224 11 ST CT W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COLE, BONNIE</b>	
STREET ADDRESS	<b>1011 52 AVE, BLDG W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HAINES, GEOFFREY</b>	
STREET ADDRESS	<b>708 52 ST CT W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CURRIER, JOHN</b>	
STREET ADDRESS	<b>820 52ND AVE LANE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEELE, ROBERT</b>	
STREET ADDRESS	<b>908 52ND AVE LANE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Currier</b>	
STREET ADDRESS	<b>820 52nd Ave. Lane W</b>	
CITY-ST-ZIP	<b>Bradenton, Fl 34207</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rhode, Everett</b>	
STREET ADDRESS	<b>5224 11th St. Ct.W.</b>	
CITY-ST-ZIP	<b>Bradenton, Fl 34207</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Geoffrey Haines</b>	
STREET ADDRESS	<b>708 52nd Ave. Lane W.</b>	
CITY-ST-ZIP	<b>Bradenton, Fl 34207</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Davis, Mable W.</b>	
STREET ADDRESS	<b>803 52nd Ave. Plaza W.</b>	
CITY-ST-ZIP	<b>Bradenton, Fl 34207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cole, Bonnie</b>	
STREET ADDRESS	<b>1011 52nd Ave. Blvd. W.</b>	
CITY-ST-ZIP	<b>Bradenton, Fl 34207</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bowers, Kathryn</b>	
STREET ADDRESS	<b>704 52nd Ave. Drive W.</b>	
CITY-ST-ZIP	<b>Bradenton Fl 34207</b>	

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: Mable W Davis **REQUIER** 4-10-03 941-756-3093

CR2E037 (10/02)