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APPROVED AND FILED

95 MAY 18 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767483 (1)

1. Corporation Name
EMBASSY MOBILE HOME PARK ASSOCIATION OF PINELLAS COUNTY, FL INC.

300001494353
-05/19/95--01031--009
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
EMBASSY MOBILE HOME PARK
LOT 1407 16416 US 19N
CLEARWATER FL 34624

Mailing Address
SAME

3. Date Incorporated or Qualified: 03/15/1983
3a. Date of Last Report: 08/17/94

4. FEI Number: 59-2276196 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRESTON, NORA ANN
16416 US HWY 19 NO
LOT 1640
CLEARWATER, FL 34624

10. Name and Address of New Registered Agent

81 Name: BRENNAN, BARBARA
82 Street Address (P.O. Box Number is Not Acceptable): 16416 US HWY 19 NO, LOT 1613
83
84 City: CLEARWATER FL 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara A. Brennan — 5-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL BLONDIN 16416 US HWY 19N SUITE 1401 CLEARWATER FL 34624	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHIPMAN, KEMP 16416 US HWY 19N SUITE 1228 CLEARWATER FL 34624	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition V DOUCETTE, WILLIAM 16416 US HWY 19N SUITE 515 CLEARWATER FL 34624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PRESTON, NORA ANN 16416 US HWY 19N SUITE 1640 CLEARWATER FL 34624	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition ST BRENNAN, BARBARA 16416 US HWY 19N SUITE 1513 CLEARWATER FL 34624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRETTY, DAN 16416 US HWY 19N SUITE 441 CLEARWATER, FL 34624	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATERHOUSE, JAMES 16416 US HWY 19N SUITE 1644 CLEARWATER FL 34624	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition D LIBBY, MARILYN 16416 US HWY 19N, SUITE 1217 CLEARWATER, FL 34624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WHITMON JONICE 16416 US HWY 19N SUITE 521 CLEARWATER FL 34624	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition PRESTON, NORA ANN 16416 US HWY 19N SUITE 1640 CLEARWATER FL 34624

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Brennan — 5-8-95 — (813) 531-9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number