

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90173 032 \*\*\*\*61.25

0055081

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 767483**

1. Corporation Name

**EMBASSY MOBILE HOME PARK ASSOCIATION OF PINELLAS  
COUNTY, FL, INC.**

Principal Place of Business

EMBASSY MOBILE HOME PARK  
16416 US 19 N  
CLEAR WATER FL 34624  
US

Mailing Address

16416 US HWY 19 N  
SUITE 1800  
CLEARWATER FL 33764  
US

ZU7096 - 90173 - 32



2. Principal Place of Business

21 **Embassy Mobile Home Park**  
Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 **16416 U.S. Hwy 19 N**  
Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

**Pinellas**

3. Date Incorporated or Qualified

**03/15/1983**

4. FEI Number

**59-2276196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WHITMAN, JANICE  
16416 US HWY 19 NO  
SUITE 1223  
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**  
NAME **MILLER, JOYCE**  
STREET ADDRESS **16416 US HWY. 19 N., SUITE 529**  
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **V** ☐ DELETE

NAME **MACKINNON, JOHN**  
STREET ADDRESS **16416 US HWY. 19 N., SUITE 449**  
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **ST** ☐ DELETE

NAME **WHITMAN, JANICE**  
STREET ADDRESS **16416 US HWY 19 NO SUITE 1223**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☐ DELETE

NAME **HAZLETT, THERESA**  
STREET ADDRESS **16416 US HWY 19 NO SUITE 1223**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☐ DELETE

NAME **WHITMAN, HARRY**  
STREET ADDRESS **16416 US HWY 19 NO SUITE 1223**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☐ DELETE

NAME **SHONTZ, JANET**  
STREET ADDRESS **16416 US HWY 19 NO SUITE 731**  
CITY-ST-ZIP **CLEARWATER FL 33760**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Janice Whitman** 2-26-99 727-539-0293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)