

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90076 013 ****61.25

DOCUMENT # 767483

1. Entity Name

EMBASSY MOBILE HOME PARK ASSOCIATION
OF PINELLAS

DO NOT WRITE IN THIS SPACE

420589

2. Principal Place of Business
EMBASSY MHP

3. Mailing Address
16416 US 19 No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1800

City & State

City & State
CLEARWATER, FL

4. FEI Number

59-2276196

Applied For

Not Applicable

Zip

Country

Zip
33764

Country
USA-PIN. Co.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NEDRA J. WOODROOF

Street Address (P.O. Box Number is Not Acceptable)
16416 US 19 No. #739

City
CLEARWATER

FL

Zip Code
33764

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.

SIGNATURE NEDRA J. WOODROOF SEC. / TREAS

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, JAMES 16416 US 19 N. #1900 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PURTON, DOUG 16416 US 19 N. #1012 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. / TREAS. WOODROOF, NEDRA 16416 US 19 N. #739 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JUNE 16416 US 19 N. #922 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKHAM, ANGIE 16416 US 19 N. #812 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAMAN, EDNA 16416 US 19 N. #804 CLEARWATER, FL 33764

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nedra J. Woodroof NEDRA J. WOODROOF 2/25/02 (727) 538-9507