

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90240 030 \*\*\*61.25

**DOCUMENT # 767483**

1. Entity Name

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



Principal Place of Business

**EMBASSY MOBILE HOME PARK  
16416 US 19 N STE1800  
CLEAR WATER FL 34624  
US**

Mailing Address

**16416 US HWY 19 N  
SUITE 1800  
CLEARWATER FL 33764  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2276196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODROOF, NEDRA J  
16416 US HWY 19 NO  
SUITE 739  
CLEARWATER FL 33764**

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 **NEDRA J. WOODROOF**  
Signature, typed or printed name of registered agent and title if applicable.

*Nedra J Woodroof*  
(NOTE: Registered Agent signature required when reinstating)

**2/04/03**  
DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete  
NAME **PURTON, DOUG**  
STREET ADDRESS **16416 U.S HWY 19 N. SUITE 449 1012**  
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **MEYERING, JAMES**  
STREET ADDRESS **16416 US HWY 19 N SUITE 1900**  
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **WOODROOF, NEDRA**  
STREET ADDRESS **16416 US HWY 19 N SUITE 739**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BEAMAN, EDNA**  
STREET ADDRESS **16416 US HWY 19 N SUITE 719 804**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SMITH, JUNE**  
STREET ADDRESS **16416 US HWY 19 N #922**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **WICKHAM, ANGIE**  
STREET ADDRESS **16416 US HWY 19 N SUITE 812**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☒ Addition  
NAME **PHAZLETT, THERESA**  
STREET ADDRESS **16416 US 19 N # 717**  
CITY-ST-ZIP **CLEARWATER FL 33764**

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 **NEDRA J. WOODROOF** **2/04/03** **(727) 538-9507**  
Signature, typed or printed name of registered agent and title if applicable. Date Daytime Phone #

CR2E037 (10/02)