

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-22-2001 90048 047 ***150.00

DOCUMENT # J67340

1. Entity Name
DUNEDIN MOBILE MANOR HOMEOWNERS, INC.

| | |
|---|---|
| Principal Place of Business 130 PATRICIA AVE LOT 19 DUNEDIN FL 34698 US | Mailing Address 130 PATRICIA AVE LOT 19 DUNEDIN FL 34698 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 | NOT APPLICABLE | Applied For | Not Applicable. |
|---------------|-----------------------|-------------|-----------------|

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARDING, DEBRA
29005 U.S. HWY 10 NORTH
SUITE 110
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name: **RAYMOND P. MAUL, CPA**
Street Address (P.O. Box Number is Not Acceptable): **2915 COUNTRYSIDE BLVD., STE B**
City: **CLEARWATER** FL Zip Code: **33763**

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: *Raymond P. Maul, CPA* DATE: **4/4/01**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | DAIGLE, ALBERT | |
| STREET ADDRESS | 130 PATRICIA AVENUE #88 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | KERNS, WILDA L | |
| STREET ADDRESS | 130 PATRICIA AVENUE #1 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WRIGHT, WILLIAM | |
| STREET ADDRESS | 130 PATRICIA AVENUE #70 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | THIEM, PAUL | |
| STREET ADDRESS | 130 PATRICIA AVENUE #109 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LESSER, CHARLES | |
| STREET ADDRESS | 130 PATRICIA AVENUE #18 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GALLERANI, PETER | |
| STREET ADDRESS | 130 PATRICIA AVE #69 | |
| CITY-ST-ZIP | DUNEDIN FL | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHARLES UREILLO | |
| STREET ADDRESS | 130 PATRICIA AVE # 50 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIBBY CARIDEO | |
| STREET ADDRESS | 130 PATRICIA AVE # 96 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MIKE DALTON | |
| STREET ADDRESS | 130 PATRICIA AVE # 97 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MERLE WELLING | |
| STREET ADDRESS | 130 PATRICIA AVE #120 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT WILLIAMS | |
| STREET ADDRESS | 130 PATRICIA AVE #104 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William S. Wright* **W. S. WRIGHT** DATE: **03/18/01** DAYTIME PHONE #: **727-733 8931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)