

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90213 034 ****61.25

DOCUMENT # N41588

1. Entity Name
TOWN & COUNTRY MOBILE HOME OWNERS ASSN., INC.



Principal Place of Business

~~208 WOODBINE DRIVE~~
~~SEBRING FL 33875~~
~~US~~

Mailing Address

410 TOWN & COUNTRY BLVD
SEBRING FL 33872
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 **59-3087456**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WEIR, CHARLES R
410 TOWN & COUNTRY BLVD
SEBRING FL 33875

7. Name and Address of New Registered Agent

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

Charles R. Weir
(NOTE: Registered Agent signature required when reinstating)

2/2/03
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, RON	
STREET ADDRESS	108 TOWN & COUNTRY BLVD	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOWE, DWAIN	
STREET ADDRESS	215 TOWN & COUNTRY BLVD	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	HEARNS, ELMYRA	
STREET ADDRESS	208 WOODING DRIVE	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEIR, CHARLES R	
STREET ADDRESS	410 TOWN & COUNTRY BLVD	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FINE, DOTTIE	
STREET ADDRESS	524 TOWN & COUNTRY BLVD	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE	PPT	<input checked="" type="checkbox"/> Delete
NAME	NEW, GENE	
STREET ADDRESS	204 COOPER RD	
CITY-ST-ZIP	SEBRING FL 33875	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, ANNABELLE	
STREET ADDRESS	300 Town & Country Blvd.	
CITY-ST-ZIP	Sebring, FL 33875	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blonde, Dolly	
STREET ADDRESS	215 Woodbine Dr.	
CITY-ST-ZIP	Sebring, FL 33875	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stoner, Carolyn	
STREET ADDRESS	600 Town & Country Blvd.	
CITY-ST-ZIP	Sebring, FL 33875	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: Charles R. Weir Charles R. Weir (963) 476-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/02)