

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005693

1. Entity Name

CROSSWINDS MOBILE HOME PARK, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90092 018 ****61.25

Principal Place of Business

Mailing Address

4125 PARK ST N.
 ST. PETERSBURG FL 33709

4125 PARK ST N.
 ST. PETERSBURG FL 33709-4029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1456110

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, BARBARA G.
 CROSSWINDS MOBILE HOME PARK, INC.
 4125 PARK ST. NORTH
 ST. PETERSBURG FL 33709

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.

SIGNATURE

Barbara G. Leonard

3/21/00

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD Delete
 NAME: POPE, LAWRENCE
 STREET ADDRESS: 4125 PARK ST. N., #523
 CITY-ST-ZIP: ST. PETERSBURG FL 33709

TITLE: 2VPD Change Addition
 NAME: Shirley Conway
 STREET ADDRESS: 4125 Park Street North #525
 CITY-ST-ZIP: St. Petersburg, FL 33709 Change Addition

TITLE: PD Delete
 NAME: TWITCHELL, EVA
 STREET ADDRESS: 4125 PARK ST. N., #137
 CITY-ST-ZIP: ST. PETERSBURG FL 33709

TITLE: SD Change Addition
 NAME: Geneva Blaser
 STREET ADDRESS: 4125 Park Street North #1028
 CITY-ST-ZIP: St. Petersburg, FL 33709 Change Addition

TITLE: 2VPD Delete
 NAME: AKEHURST, HERBERT
 STREET ADDRESS: 4125 PARK ST. N., #139
 CITY-ST-ZIP: ST. PETERSBURG FL 33709

TITLE: IVPD Change Addition
 NAME: Change
 STREET ADDRESS: Change
 CITY-ST-ZIP: Change

TITLE: TD Delete
 NAME: WALETKUS, BEVERLY L
 STREET ADDRESS: 4125 PARK ST. N., #424
 CITY-ST-ZIP: ST. PETERSBURG FL 33709

TITLE: PD Change Addition
 NAME: Change
 STREET ADDRESS: Change
 CITY-ST-ZIP: Change

TITLE: SD Delete
 NAME: MERK, ANITA
 STREET ADDRESS: 4125 PARK ST. N., #727
 CITY-ST-ZIP: ST. PETERSBURG FL 33709

TITLE: PD Change Addition
 NAME: Change
 STREET ADDRESS: Change
 CITY-ST-ZIP: Change

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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: *Anita L Merk*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00 548-1885
 Date Daytime Phone #

CR2E037 (9/99)