

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90089 015 \*\*\*\*61.25

**DOCUMENT # N94000005693**

1. Entity Name

**CROSSWINDS MOBILE HOME PARK, INC.**

Principal Place of Business

4125 PARK ST N.  
ST. PETERSBURG FL 33709

Mailing Address

4125 PARK ST N.  
ST. PETERSBURG FL 33709

00036286



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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

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

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: 2VD  Delete  
 NAME: CONWAY, SHIRLEY  
 STREET ADDRESS: 4125 PARK ST N #525  
 CITY-ST-ZIP: ST. PETERSBURG FL 33709

TITLE: IVP, Dir  Change  Addition  
 NAME: Barnhart, Nana  
 STREET ADDRESS: 4125 Park Street North #337  
 CITY-ST-ZIP: St. Petersburg, FL 33709

TITLE: SD  Delete  
 NAME: BLASER, GENEVA  
 STREET ADDRESS: 4125 PARK ST N #1028  
 CITY-ST-ZIP: ST. PETERSBURG FL 33709

TITLE: 2VP, Dir  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: 1VD  Delete  
 NAME: AKEHURST, HERBERT  
 STREET ADDRESS: 4125 PARK ST. N., #139  
 CITY-ST-ZIP: ST. PETERSBURG FL 33709

TITLE: Pres, Dir  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE: Treas, Dir  Change  Addition  
 NAME: Strong, Phyllis  
 STREET ADDRESS: 4125 Park Street North # 836  
 CITY-ST-ZIP: St. Petersburg, FL 33709

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

TITLE: Sec, Dir  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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: *X SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRES037 (10/00)