

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

0078912

DOCUMENT # N94000005693

1. Entity Name

CROSSWINDS MOBILE HOME PARK, INC.

04-23-2002 90351 040 ****70.00

Principal Place of Business

**4125 PARK ST N.
 ST. PETERSBURG FL 33709**

Mailing Address

**4125 PARK ST N.
 ST. PETERSBURG FL 33709**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

GENEVA M. BLASER

Street Address (P.O. Box Number is Not Acceptable)

4125 PARK ST. N. # 1028

City

ST. PETERSBURG

FL

Zip Code

33709

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 Geneva M. Blaser APD

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

Geneva M. Blaser

(NOTE: Registered Agent signature required when reinstating)

04-10-02

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

TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	BARNHART, NANCY	
STREET ADDRESS	4125 PARK ST N. #337	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	BLASER, GENEVA	
STREET ADDRESS	4125 PARK ST N #1028	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AKEHURST, HERBERT	
STREET ADDRESS	4125 PARK ST. N., #139	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STRONH, PHYLLIS	
STREET ADDRESS	4125 PARK ST N. #836	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERK, ANITA	
STREET ADDRESS	4125 PARK ST. N., #727	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1VPD	<input checked="" type="checkbox"/> Add	<input checked="" type="checkbox"/> Addition
NAME	CONWAY, SHIRLEY		
STREET ADDRESS	4125 PARK ST. N. #525		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLASER, GENEVA		
STREET ADDRESS	4125 PARK ST. N. # 1028		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	2VPD	<input checked="" type="checkbox"/> Add	<input checked="" type="checkbox"/> Addition
NAME	GILES, GEORGE		
STREET ADDRESS	4125 PARK ST. N. #947		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	TD	<input checked="" type="checkbox"/> Add	<input checked="" type="checkbox"/> Addition
NAME	NELSON, ALLAN		
STREET ADDRESS	4125 PARK ST. N. #1048		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Geneva M. Blaser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geneva M. Blaser 04-10-02 727-545-5195

Date

Daytime Phone #

CR2E037 (9/01)