FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

22

City & State

SIGNATURE:

355337

(7)

City & State

CHAUNCEY CLEARWATER TRAILER COURT, INC.

Country

Principal Place of Business	Mailing Address	
2143 GULF-TO-BAY BLVD. CLEARWATER FL 34625	2143 GULF-TO-BAY BLVD. CLEARWATER FL 34625	
Principal Place of Business 21	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

28

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

813-441-4300

Not Applicable

3. Date Incorporated or Qualified

11/14/1969 4. FEI Number

59-1280188

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

24	25	29		30				Per	rsonal Prop	erty Tax	k due Ju	ine 30.	\Box	Yes [□No
	g, Name and Addre	ess of Current Registered A	lgent					10. Na	me and A	ddress	of New	Register	red Ag	ent	
CHA	AUNCEY, ELIZABETH	1 H.		·	81	Na	me								
2143 GULF TO BAY BLVD.			82	Str	eet Addres	s (P Ó	Box Numb	er is No	t Accen	table)					
CLEARWATER FL 34625		1-1	""	001 / 1001 (0)	ι σ (1 . φ .	DOX MUMB)C+ 13 (40	r Accep	(abie)						
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					84								-L	1	Code
office or re	edistered agent, or both	tions 607,0502 and 607,1500 n, in the State of Florida, Succept the obligations of, Section	h change was	s āuthorīze	el by	/ the⊸	ned corpor corporation	ation su n's board	bmits this d of directo	statemer ors. I her	nt for the reby acc	e purpos cept the	e of ch appoin	nanging i itment as	ts registered registered
SIGNATURE .	Circuit re broad or conted com	e of registered agent and title if applica	hie. (Ni	OTE: Register	Age	ent auco	ature required	when reinsi	tating)			DAT	re		· *****==
12.		FFICERS AND DIRECTORS		13	,				ITIONS/CH	ANGES	TO OF			IBECTOR	RS IN 12
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NAME	CHAUNCEY, ELIZ 2143 GULF TO B					LDDD									
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CITY - ST - ZIP			No. TE		IY-SI	T-ZIP								01	T A Levi
TITLE			☐ DELETE	6.17									L	Change	Addition
NAME				626											ļ
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14. I hereby o	ertify that the information	on supplied with this filing do r supplemental annual report	pes not quality t is true and a	rior the exe ocurate an	impti d tha	iion s at mv	iaied in Se signature s	cuon 11 shall hav	19.07(3)(i), ve the sam	riorida 8 1e legal e	statutes effect as	. I further s if made	r certify under	that the oath: the	Information at I am an
officer or o	director of the corporati	ion or the receiver or trustee or on an attachment with ar	empowered to	o execute 1	this r	epor	aš require	ed by Ch	apter 607	, Florida	Statute	s; and th	at my	name ap	pears in

ATT Resident

Country