

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90679 010 \*\*\*\*61.25

**DOCUMENT # 708303**

1. Entity Name

**CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business

**9301 49 STREET NORTH  
PINELLAS PARK FL 34666  
US**

Mailing Address

**93214 1ST STREET  
PINELLAS PARK FL 33782  
US**

2. Principal Place of Business

**Crystal Lake MHP**  
Suite, Apt. #, etc.

3. Mailing Address

**93214 - 1st Street**  
Suite, Apt. #, etc.

City & State

**Pinellas Park, FL**

City & State

**Pinellas Park, FL**

Zip

**33782**

Country

**Pinellas**

Zip

**33782**

Country

**Pinellas**

6. Name and Address of Current Registered Agent

**BROWN, DONALD  
93214 1ST STREET  
PINELLAS PARK FL 33782**

7. Name and Address of New Registered Agent

Name

**N/A**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | KNESTAUT, JOAN         |  |
| STREET ADDRESS | 93181 3RD ST           |  |
| CITY-ST-ZIP    | PINELLAS PARK FL 33782 |  |
| TITLE          | VPD                    | <input type="checkbox"/> Delete            |
| NAME           | SOMERVILLE, FLOYD      |  |
| STREET ADDRESS | 93244 CIRCLE           |  |
| CITY-ST-ZIP    | PINELLAS PARK FL 33782 |  |
| TITLE          | VPD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | PARCELLES, ROBERT      |  |
| STREET ADDRESS | 93085 6TH ST           |  |
| CITY-ST-ZIP    | PINELLAS PARK FL 33782 |  |
| TITLE          | DT                     | <input checked="" type="checkbox"/> Delete |
| NAME           | NELSON, SHAROLY        |  |
| STREET ADDRESS | 93123 4TH ST           |  |
| CITY-ST-ZIP    | PINELLAS PARK FL 33782 |  |
| TITLE          | DS                     | <input checked="" type="checkbox"/> Delete |
| NAME           | NOONAN, TONI           |  |
| STREET ADDRESS | 93183 THIRD STREET     |  |
| CITY-ST-ZIP    | PINELLAS PARK FL 33782 |  |
| TITLE          | T                      | <input type="checkbox"/> Delete            |
| NAME           | BROWN, DONALD          |  |
| STREET ADDRESS | 93214 1ST STREET       |  |
| CITY-ST-ZIP    | PINELLAS PARK FL 33782 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | President                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LEON A. POITRAS          |  |
| STREET ADDRESS | 93252 - Circle           |  |
| CITY-ST-ZIP    | PINELLAS PARK, FL- 33782 |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          | Bob O'Neill              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |  |
| STREET ADDRESS | 93133 - 4th St           |  |
| CITY-ST-ZIP    | PINELLAS PARK, FL- 33782 |  |
| TITLE          | Sub.                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Darlene Jensen           |  |
| STREET ADDRESS | 93186 - 2nd St           |  |
| CITY-ST-ZIP    | PINELLAS PARK, FL- 33782 |  |
| 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    |                          |  |

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald Brown**

**Trust**

**1-6-03**

**727-511-7993**

CR2E037 (10/02)