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



DOCUMENT # 732041				₹ 3798 (**)}	Secretary of State		
•	DE MOBILE HOME PARK IM	PROVEMENT ASSOCIA	JV U		09-08-2003 90126 005 ****61.25	•	
Principal Plac	ce of Business	Mailing Address					
			C/O LOWELL RICHARDSON				
4.4		34979 FRASER ST	34979 FRASER ST DADE CITY FL 33523				
		DADE ON TE 30025		1 \$ 1 1 1 1 1 1 1 1 1 1			
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite Ant # etc	Suite Apt #, etc.				
					CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	4. FEI Number 52-1328570 Applied For Not Applicable		
Zip Country		Zip Country		5 Certificate of	5. Certificate of Status Desired \$8.75 Additional		
	C. Name and Address of Comme				Fee Required		
	6. Name and Address of Curren	T Hegistered Agent	Name -		Idress of New Registered Agent		
ARSENA	ULT, DONALD		Street 6	-well 18:0			
35001 FRASER ST			Street Ad	et Address (P.O. Box Number is Not Acceptable)			
	TY FL 33523			•			
			City	-100:+	FL Zip Code		
8. The above	e named entity submits this statement f	or the purpose of changing its	registered office or	registered agent, or both,	n the State of Florida. I am familiar with, an	nd accept	
	tions of registered agent.				_	, j	
<u>.</u>	1 Tarriol R.	chardson	مد دحا	18/1 Rialos	50/50 B 22/03	>	
SIGNATURE	Signature, typed or printed name of registered agen			re required when reinstating)	DATE		
-	, .		·	,			
•	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing	\$5.00 мау Ве	Make Check Payable to	,	
, After Sept	tember 10, 2003, min will be \$	236.25 Trust Fund C	ontribution.	Added to Fees	Florida Department of St	ate	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHAN		0	
TITLE ;	P	⊠ Delete	TITLE	0	Change	☐ Addition 3	
NAME	ARSENAULT, DONALD		NAME	2+1. Kg	Marvin Romarst.		
STREET ADDRESS	35001 FRASER ST		STREET ADDRESS	24,40%	i	-	
CITY-ST-ZIP	DADE CITY FL*33523		CITY-ST-ZIP	Drale 6-	ty T-L. 3752		
TITLE NAME	STRIKE, MARVIN	☐ Delete	TITLE NAME		-anson	Addition C	
	34987 ROMAN ST		STREET ADDRESS	75997	Fraser St.	. }	
CITY-ST-ZIP	DADE CITY FL 33523		CITY-ST-ZIP	Dale Ci	ty FL. 3340	73	
TITLE	D	☐ Delete	TITLE	D,	☐ Change	☐ Addition	
NAME	SHETENHELM, ROSE		NAME	_			
STREET ADDRESS CITY-ST-ZIP	3980 BASSINGER ST DADE CITY FL 33523		STREET ADDRESS CITY-ST-ZIP	/	./	}	
TITLE	D						
NAME		™ Delete	TITLE	D'	Change	™ Addition	
	DURKOP, HAROLD	Delete	TITLE NAME	D. Loneli Y	Picharban Change	Addition	
STREET ADDRESS	34967 FRASER ST	⊊ Delete	NAME STREET ADDRESS	1000011 Y	Fraser St.		
STREET ADDRESS CITY-ST-ZIP	34967 FRASER ST DADE CITY FL 33523		NAME STREET ADDRESS CITY-ST-ZIP	Donell Y Jugge Dode Ci	Fraser St. ty FL PPSTO	27	
STREET ADDRESS CITY-ST-ZIP TITLE	34967 FRASER ST DADE CITY FL 33523 D	Delete	NAME STREET ADDRESS CITY-ST-ZIP	1000011 Y	Fraser St. ty FL PPSTO		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	34967 FRASER ST DADE CITY FL 33523 D CHRISTENSEN, DON		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1000011 Y	Fraser St. ty FL PPSTO	27	
STREET ADDRESS CITY-ST-ZIP TITLE	34967 FRASER ST DADE CITY FL 33523 D		NAME STREET ADDRESS CITY-ST-ZIP	1000011 Y	Fraser St. ty FL PPSTO	27	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	34967 FRASER ST DADE CITY FL 33523 D CHRISTENSEN, DON 35002 ROMAR STREET		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1000011 Y	Fraser St. Ty FL 7755	27	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	34967 FRASER ST DADE CITY FL 33523 D CHRISTENSEN, DON 35002 ROMAR STREET DADE CITY FL 33523 D PLEGGENKUHLE, ROGER	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1979 1979 Dade 6:	Fraser St. Ty FL 7755	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	34967 FRASER ST DADE CITY FL 33523 D CHRISTENSEN, DON 35002 ROMAR STREET DADE CITY FL 33523 D	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1979 1979 Dade 6:	Fraser St. Ty FL 7755	Addition	

12. I hereby certify that the information supplied with this filling 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: