

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90162 033 ****70.00

DOCUMENT # 752057

1. Entity Name

Hillside Park Mobile Home Assn
INC.



DO NOT WRITE IN THIS SPACE

90150817

2. Principal Place of Business

1235 McMullen Bth Rd.

3. Mailing Address

1235 McMullen Bth Rd

Suite, Apt. #, etc.

Lot 135

Suite, Apt. #, etc.

Lot 135

City & State

Clearwater Florida

City & State

Clearwater FL

4. FEI Number

59-2392316

Applied For

Not Applicable

Zip

33759

Country

Pinalas

Zip

33759

Country

Pinalas

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
EDWARD S. CLEMENS SR

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

123 S McMullen Bth Rd Lot 135

City
Clearwater

FL 33759

**DO NOT WRITE
IN THIS SPACE**

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 EDWARD S. CLEMENS SR. Sec. Edward S. Clemens SR. 8 Aug 03

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LARRY COLLINGSWORTH
123 S McMullen Bth Rd Lot 213
Clearwater FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
WALLACE DOWNS
123 S McMullen Bth Rd Lot 133
Clearwater FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDWARD S. CLEMENS SR
SECRETARY
123 S McMullen Bth Rd Lot 135
Clearwater FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
BOLGER JIM
123 S McMullen Bth Rd Lot 138
Clearwater FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
WALLS
LILA
123 S McMullen Bth Rd Lot
Clearwater FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
PAUL TUDOR
123 S McMullen Bth Rd Lot
Clearwater FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD S. CLEMENS SR. Edward S. Clemens SR. 8 Aug 03 727 726 8156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)