2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State
02-22-2005 90022 031 ****61.25

DOCUMENT # 767483

1. Entity Name
EMBASSY MOBILE HOME PARK ASSOCIATION OF PINELLAS COUNTY, FL, INC.

Principal Place of Business	Mailing Address
EMBASSY MOBILE HOME PARK 16416 US 19 N STE1800 CLEAR WATER, FL 34624 US	16416 US HWY 19 N SUITE 1800 CLEARWATER, FL 33764 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2276196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOUCETTE, BEVERLY
16416 US HWY 19 NO
STE. 515
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name

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 BEVERLY DOUCETTE Beverly Doucette 2/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LIVINGSTON, DONALD 16416 US HWY 19 N., STE. 526 CLEARWATER, FL 33764	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PETER MANAHAN 16416 US 19 N. STE. 605 CLEARWATER, FL 33764	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PURTON, DOUG 16416 US 19 N, STE. 1012 CLEARWATER, FL 33764	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOSEPH MC DERMOTT 16416 US 19 N Ste. 428 CLEARWATER, FL 33764	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DOUCETTE, BEVERLY 16416 US 19 N, STE. 515 CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAMAN, EDNA 16416 US HWY 19 N., SUITE 804 CLEARWATER, FL 33764	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUNE WATERHOUSE 16416 US 19 N Ste. 1644 CLEARWATER, FL 33764	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILAR, ROSEMARY 16416 US 19 N, STE. 1010 CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAZLETT, THERESA 16416 US HWY 19 N., SUITE 717 CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Beverly Doucette BEVERLY DOUCETTE 2/16/05 727-531-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #