


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90182 039 \*\*\*\*61.25

**60022386**



<b>DOCUMENT # 767483</b> 1. Entity Name <b>EMBASSY MOBILE HOME PARK ASSOCIATION OF PINELLAS COUNTY, FL, INC.</b>	
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Principal Place of Business <b>EMBASSY MOBILE HOME PARK 16416 US 19 N STE 1800 CLEAR WATER, FL 34624 US</b>	Mailing Address <b>16416 US HWY 19 N SUITE 1800 CLEARWATER, FL 33764 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02252006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2276196</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DOUCETTE, BEVERLY 16416 US HWY 19 NO STE. 515 CLEARWATER, FL 33764</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANAHAN, PETER 16416 US 19 N. STE 605 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDERMOTT, JOSEPH 16416 US 19 N. STE 428 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BRUCE B. BOYNTON 16416 US 19 N STE. 638 CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOUCETTE, BEVERLY 16416 US 19 N, STE. 515 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERHOUSE, JUNE 16416 US 19 N. STE 1644 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RAYMOND LEPAGE 16416 US 19 N STE. 510 CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILAR, ROSEMARY 16416 US 19 N. STE. 1010 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZLETT, THERESA 16416 US HWY 19 N., SUITE 717 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DONALD NICHOLS 16416 US 19 N STE. 640 CLEARWATER, FL 33764</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> <u>Beverly Doucette Secy/Treas.</u> <b>3/3/06</b> <b>727-531-4544</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>BEVERLY DOUCETTE</b> Date Daytime Phone #
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