

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-05-2007 90134 017 ****61.25

DOCUMENT # 767483 1. Entity Name EMBASSY MOBILE HOME PARK ASSOCIATION OF PINELLAS COUNTY, FL. INC.																																																																													
Principal Place of Business EMBASSY MOBILE HOME PARK 16416 US 19 N STE 515 CLEARWATER, FL 34624 US			Mailing Address 16416 US HWY 19 N SUITE 1800-515 CLEARWATER, FL 33764 US																																																																										
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																																																																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																										
City & State 			City & State 																																																																										
Zip 		Country 		4. FEI Number 59-2276196																																																																									
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 <u><i>Beverly Doucette</i></u> 4/3/07 Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reissuing)																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">VP</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>MANAHAN, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16416 US 19 N. STE 605</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BOYNTON, BRUCE B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16416 US 19 NORTH SUITE 638</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">ST</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DOUCETTE, BEVERLY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16416 US 19 N. STE. 515</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>LEPAGE, RAYMOND</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16416 US 19 NORTH SUITE 510</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>FILAR, ROSEMARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16416 US 19 N. STE. 1010</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>NICHOLS, DONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16416 US 19 NORTH SUITE 640</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td></td> </tr> </table>						TITLE	VP	☒ Delete	NAME	MANAHAN, PETER		STREET ADDRESS	16416 US 19 N. STE 605		CITY-ST-ZIP	CLEARWATER, FL 33764		TITLE	P	☐ Delete	NAME	BOYNTON, BRUCE B		STREET ADDRESS	16416 US 19 NORTH SUITE 638		CITY-ST-ZIP	CLEARWATER, FL 33764		TITLE	ST	☐ Delete	NAME	DOUCETTE, BEVERLY		STREET ADDRESS	16416 US 19 N. STE. 515		CITY-ST-ZIP	CLEARWATER, FL 33764		TITLE	D	☒ Delete	NAME	LEPAGE, RAYMOND		STREET ADDRESS	16416 US 19 NORTH SUITE 510		CITY-ST-ZIP	CLEARWATER, FL 33764		TITLE	D	☒ Delete	NAME	FILAR, ROSEMARY		STREET ADDRESS	16416 US 19 N. STE. 1010		CITY-ST-ZIP	CLEARWATER, FL 33764		TITLE	D	☐ Delete	NAME	NICHOLS, DONALD		STREET ADDRESS	16416 US 19 NORTH SUITE 640		CITY-ST-ZIP	CLEARWATER, FL 33764	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☒ Change ☐ Addition
NAME	RON RUSSELL	
STREET ADDRESS	16416 US 19 N. # 430	
CITY-ST-ZIP	Clearwater, FL 33764	