

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000003819**

1. Entity Name  
**PARK CITY MOBILE HOMES, INC.**



Principal Place of Business

**820 CHURCH ST  
SUITE 200  
EVANSTON, IL 60201**

Mailing Address

**820 CHURCH ST  
SUITE 200  
EVANSTON, IL 60201**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-2545416**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHELPS, LYNDA  
17021 UPRIVER RD  
NORTH FT MYERS, FL 33903**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**U00000551398**

**05/13/06-80033-009.150.00**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DPT  
PETERS, WARREN J  
820 CHURCH ST SUITE 200  
EVANSTON, IL 60201**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
PETERS, ELAINE C  
820 CHURCH ST SUITE 200  
EVANSTON, IL 60201**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**V  
DRESHER, BARBARA  
820 CHURCH ST SUITE 200  
EVANSTON, IL 60201**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
BERLAND, HOWARD  
820 CHURCH ST SUITE 200  
EVANSTON, IL 60201**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #